STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	08/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hillandale	6333 Langston Avenue New Port Richey, FL 34652	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2013008678 and CCR# 2013009042, were conducted on .

A deficiency, A 0025, was cited relative to CCR# 2013009042.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of 1 of 18 residents (#3). Specifically, the resident became agitated with the staff and the staff responded by locking the resident out of the facility resulting in intervention by law enforcement.

Findings include:

Because the allegation outlined in complaint #CCR2013009042 indicated that a resident of the facility had been locked out, resulting in a call to local law enforcement, the surveyor went to the Pasco County Sheriff ' s office in New Port Richey at 4:15 pm on . The Sherriff ' s office did verify to the surveyor that they did in fact respond to two (2) calls at the 6333 Langston Avenue address during the evening hours of Saturday . The Sheriff ' s office did upon request, provide to the surveyor a call record of the incidents in which the sheriff ' s department responded to at 633 Langston Ave.

The first report from the Sherriff ' s office indicate that a call came in at 21:58 for a " Verbal Disturbance " The caller name and information is redacted. The narrative of the report indicates that a " RESIDENT SCREAMING/TRYING TO STAFF/THR TO BREAK, X37 CAN HEAR SUSPECT SCREAMING " YOU STOLE MY MONEY " . The second report is timed at 22:08 the narrative states " ADV MALE LOCED OUT OF LOC ...IS RESIDENT. APPARENTLY SCREAMING ABOUT MONEY BEING STOLEN.

During an interview with Direct Care staff member #B on at approximately 5:45 pm, staff was asked by the surveyor if he was aware of the sheriff ' s office responding to the facility the previous Saturday evening. Staff #B indicated that he was not on duty that night but that a co-worker had told him that Resident #3 had become verbally aggressive with staff because he wanted his check turned over to him so he could buy an IPad. Staff #B indicated that it was out of character for Resident #3 to act up like that. Staff #B denied knowing anything about the resident being locked out. The surveyor asked to speak with Resident #3 and was escorted to resident's . The Resident was observed to be asleep in his bed. Staff #B called his name in an attempt to wake him up but resident was apparently in a deep state of sleep. The surveyor declined any further attempt to wake the resident up. The surveyor did observe the same resident earlier in the day at the facility and Resident #3 was observed to be calm and stable. Resident greeted the surveyor and seemed friendly. The sheriff ' s office report does verify that a resident was in fact locked out of the facility on Saturday evening at

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	**08/26/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hillandale	**6333 Langston Avenue New Port Richey, FL 34652**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

approximately 10:00 pm. Indicators are that the staff locked out the resident due to his aggressive behavior. Because the facility was unable to properly prevent the incident with the resident from escalating and thereby resorting to locking the resident out this portion of the complaint is substantiated.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hillandale
6333 Langston Avenue
New Port Richey, FL 34652

Dear Administrator:

Re: **CCR# 2013008678 & CCR# 2013009042**

This letter reports the findings of two complaint surveys that were conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161