STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	06/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kelly's Assisted Living Facility	**1441 - 1451 Nw 20th Street Fort Lauderdale, FL 33311**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection (CCR# 2013006237) survey was conducted on Kelly's Assisted Living Facility, had deficiencies found at the time of the visit on

This survey was conducted in conjunction with a revisit survey. Reference the separate report.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on interviews and record review, the facility failed to ensure their written policies and procedures related to resident elopement response included all required components.

The findings included:

Review of facility records and employee records was conducted on at 2:17 PM with the Administrator and her Designee present, the following concerns were noted:

1. Review of the facility's written Elopement Policy and Procedure revealed it lacked required components, the policy did not include:
a. Identification of staff members (name or title) responsible for each step of the elopement response, including specific duties and/or responsibilities.
b. Identification of staff member(s) responsible for contacting law enforcement if not located, and for notifying the resident's family or legal representative and health care provider.
c. Provisions for the continued care of residents remaining at the facility.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interviews, the facility failed to maintain required records related to adverse and major incidents for 1 out of 5 sampled residents (Resident #3). The required

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investigations and documentation were not completed .

The findings included:

Review of facility records and resident records was conducted at 11:42 AM with the Administrator and her Designee present. The following concerns were noted:

1. Resident #3 was admitted to the facility on and eloped or went missing from the facility nearly three months later on , a major incident. His AHCA Form 1823 (medical examination) dated documented he had an unspecified diagnosis and he took an anti-ps medication on a daily basis.

Further review of facility records and resident records revealed no evidence showing thorough investigations were conducted for noted incident. There was no documentation showing the following required information:
a. A clear and thorough description of the incident and detailed information about what lead up to or caused the incident.
b. The date and time, and specific location of the incident.
c. Names and titles of any individuals involved, directly or indirectly.
d. Witness names and statements from any individual who observed any portion of the incident.
e. The nature of injuries if any, and what caused the injury.
f. Any actions taken by facility staff or others during the incident.
g. A detailed description of medical or other services provided by facility staff or others, and their names and titles.
h. Names, dates and times of notifications to the resident's emergency contact and health care provider, and other applicable party(s), i.e., law enforcement, hospice nurse, etc.
i. Steps taken to prevent recurrence of the incident, based on the resident's post-incident needs and capabilities.

In an interview conducted at 10:45 AM, the Administrator confirmed she had not investigated and documented aforementioned incident. She stated the resident was still missing as far as she knew and confirmed there was no additional documentation available related to these issues.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Kelly's Assisted Living Facility
1441 - 1451 NW 20th Street
Fort Lauderdale, FL 33311

RE: CCR #2013006237

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/l
Enclosure

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