STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967286	12/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Loving Care Of St Petersburg	1001 9th Street North Saint Petersburg, FL 33701	

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 S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint survey, CCR# 2013012668, was conducted on through .

The Loving Care of St. Petersburg, assisted living facility, had deficiencies at the time of the visit.

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

Based on interview and record review, the assisted living facility failed to have knowledge of the general whereabouts of 1 of 5 sampled residents (resident #1) and failed to notify the resident's family after the resident #1 eloped from the facility.

Findings include:

On at 1:30 pm, an interview was completed with the administrator designee regarding the elopement of resident #1 on . The administrator designee stated she did not attempt to contact resident #1's family member listed in the resident's chart. The administrator designee stated she believed that the medication technician (employee B) who called in the missing person's report on called resident #1 family member.

On at 1:31 pm, a interview was completed with the administrator and he stated he did not attempt to contact resident #1 emergency contact.

On at 2:41 pm, an interview was completed with employee C. Employee C reported that she was unaware that resident #1 left the facility until another resident became concerned and reported that resident #1 went out "for some fresh air" and did not return. Employee C stated that she did not see resident #1 on her 3-11 shift and reported the resident missing to the oncoming 11-7 shift. Employee C stated she was unaware that resident #1 had any family because there was no family members listed on resident #1's electronic record.

On at 2:50 PM, an interview was completed with employee B. Employee B reported that she worked the 11-7 shift beginning on and ending on . Employee B stated resident #1 was not present at the facility when she arrived on her shift. Employee B stated she was informed that the resident was missing and was not seen on the 3-11 shift. Employee B stated resident #1 did not return to the facility during her shift and she called law enforcement to report resident #1 missing. Employee B states she was unable to contact any family members or give law enforcement any family contact information because the emergency contact information in resident #1's electronic file was blank.

On at 3:00 pm, an interview was conducted with the administrator regarding the

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elopement of resident #1. The administrator stated that resident #1 was last seen at a 8 am medication pass. The facility administrator stated he " heard through the grapevine" that resident #1 went home for the Thanksgiving Holiday with a family member. The administrator admitted to not knowing when resident #1 eloped from the facility or knowing the general whereabouts of resident #1 at time of facility survey.

Class III

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

Based on interview and record review, the assisted living facility failed to follow their elopement policy and procedure manual after an elopement occurred at the facility for 1 of 5 sampled residents. (#1)

Findings Include:

On , a record review of the assisted living facility elopement policy and procedures manual dated , 2008 was conducted. The policy includes that the facility " shall notify administration, notify all facility staff and begin a grounds search." If the resident is not located the policy states "the administrator shall contact the resident's family or responsible party to determine if the resident is with them. If the resident is not there, the administrator shall notify the family/responsible party that the resident has eloped." The elopement policy and procedures manual states a missing persons report shall be filed with local law enforcement and facility staff will cooperate with the law enforcement investigation.

On at 1:30 pm, an interview was completed with the administrator designee regarding the elopement of resident #1 on . The administrator designee stated she did not attempt to contact resident #1's family member listed in the resident's chart. The administrator designee stated she believed that the medication technician (employee B) who called in the missing person's report on called resident #1 family member.

On at 1:31 pm, a interview was completed with the administrator and he stated he did not attempt to contact resident #1 emergency contact.

On at 2:41 pm, an interview was completed with employee C. Employee C stated she was unaware that resident #1 had any family because there was no family members listed on resident #1's electronic record.

On at 2:50 PM, an interview was completed with employee B. Employee B states she was unable to contact any family members or give law enforcement any family contact information because the emergency contact information was blank in resident #1's electronic file.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review, the assisted living facility failed to ensure that 1 of 4 sampled facility staff (employee A) received elopement policy and procedures in-services training within 30 days of employment.

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Findings include:

On , an employee record review was completed on employee A. was the date of hire for employee. No evidence was located in file of employee A that he received training on the assisted living facility's elopement policy and procedures manual.

On at 3:00 pm, an interview was completed with the administrator who verified the findings. That administrator stated he thought everyone had elopement training and stated that he would correct immediately.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Loving Care of St. Petersburg
1001 9th Street North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2013012668**

This letter reports the findings of a complaint survey that was conducted on 5-10, 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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