STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966148	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Time Is Care	19010 Nw 44 Avenue Opa Locka, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint (CCR#2014001513) was conducted on . Time is Care there were deficiencies noted during the survey.

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

Based on observation, record review, and interview, the facility failed to follow its policies with regards to a resident elopement. Facility staff did not search the immediate area or a larger area and did not contact the police until approximately 19 hours after the resident left. This was evident for 1 of 5 residents (resident #4).

Findings include:

Observation during the initial tour of the facility on at 9:00 am revealed resident #4 was no present in the facility or in the facility's backyard or front yard.

Review of the resident's Health Assessment revealed diagnoses incldung l, , ASHD, , l, spinal injury. He reqired supervision with all of his Activities of Daily Living (ADLs). The "general oversight" section of the health assessment noted to observe the general whereabouts of the resident daily.

Review of the "Elopement Policy and Resident evaluation" revealed "It is the policy of this assisted living facility...to: establish a method of assessing residents for risk of wandering and eloping at the time of admission and as needed."

Review of the "Elopement Risk Assessment Instructions" revealed "The Elopement Risk assessment tool is to be completed upon admission thirty days after admission, quarterly and at significant change, or per facility policy. Review Potential Risk Factors and Resident Status and check () Yes or No. On Part Two complete the corresponding Summary of Assessment.

Review of the resident #4's file revealed there was no elopement risk assessment in it. Additionally, there was no photograph in the resident's file.

Review of the facility's "Elopement Policy" revealed "It is the policy of this facility to conduct elopement drills twice a year. All staff will be trained within 6 months of their hire date and twice a year thereafter. Topics of the drill will consist of: a. Identify Resident, b. Search immediate area, c. Advise Police 911, d. Inform facility administrator or person in charge, e. Inform family, f. Inform health care provider, g. Search larger area, h. Afetr 24 hours- file a missing person report with police authority, i. Fill out Adverse Incident Report 1- Day and fax to AHCA in Tallahassee within 24 hours, j. Fill out Adverse Incident Report 15-Days and fax to AHCA in Tallahassee afetr 15

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days have passed [sic] since the incident." The policy went on "Any elopement attempt or actual elopement will be documented in resident's file and copies of the 1-day and 15 days Adverse Incident Reports will be kept on file.

Interview with staff A on at 9:28 am revealed resident #4 left the facility yesterday at approximately 4:00 pm. He never came back. The facility has contacted the family but has not contacted the police yet. She said she needs to contact the police today. She said resident #4 is not currently with the family. She asked, "I have 24 hours, right."

Record review of resident #4's progress notes revealed a note dated / "He is fine, he goes out around the neighborhood, he is active, social, sometimes a little agitated, independent." There was no note about resident #4 leaving the facility on /

Interview with the administrator by phone on at 10:37 am revealed she could not speak to whether the resident left yesterday and did not come back because she has been in the hospital all morning. At this point she was informed that the resident left yesterday at approximately 4:00 pm and that he had not returned and that nobody seemed to know his whereabouts.

Interview with staff A on at 10:49 am revealed when the resident left yesterday , staff B was present. He told her he was coming back. She said they did not search the neighborhood for the resident. She reported the resident is of sound mind. She said that when he leaves like that, he is usually gone all day because he usually calls someone. She did not know whether or not he had called someone to pick him up yesterday.

On at 11:01 am, a white van pulled up in the driveway and a male in the driver's seat inquired about resident #4. Staff A informed him that the resident was not here and he drove off.

Observation on at 11:10 am revealed staff A was on the phone. She reported after she got off the phone that she had contacted the police and they were on their way to make a report. She said she could not get in contact with the resident's niece. She indicated the niece came to the facility yesterday to pick the resident up, but he had already left. The niece was not aware of the resident's whereabouts at that time.

Record reveiew of te resident's Medication Observation record revealed he had the following physician ordered 8 am medications: 1) 81 mg, 2) 10 mg, 3) 75 mg, 4) 20 mg, 5) 325 mg, 6) 1 mg, 7) 25 mg, 8) 20 mg, 9) .4 mg, 10) .2 mg patch, and 11) 12.5 mg. The resident had two 8 pm medications: 325 mg and 300 mg. The resident missed the doses of the 8 pm medications and missed the doses of the 8 am medications.

Observation on at 11:57 am revealed a police officer came to the facility's front door and spoke to staff A who could be overheard giving the officer the resident's name and a description of the resident.

Phone interview with the administrator on at 9:35 am revealed she spoke to the neice of resident #4 who informed her that he was in Jackson North Hospital. The administrator did not know why exactly he was there,

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but stated the resident has problems.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Time Is Care
19010 Nw 44 Avenue
Opa Locka, FL 33055

Re: CCR #2014001513

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2014 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 after 5/15/2014 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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