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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932406</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>All Seasons Assisted Living</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>509 W. Verona Street<br/>Kissimmee, FL 34741</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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

**Specific Tag Findings:**

**0000-Initial Comments**

..... amended state form to correct date survey completed to .....

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Complaint Inspection #2014003323 was conducted on ..... and ..... All Seasons Assisted Living had deficiencies found during the visit.

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

Based on observations, record review and interview the facility failed to provide supervision that included general awareness of the residents' whereabouts appropriate to the needs of 1 of 10 sampled residents (#4).

1. Resident #4's record revealed "A Patient Discharge Summary" from the hospital dated ..... that listed medications at discharge included ..... (for ..... & major ..... 100 mg. orally three times a day, ..... (for ..... & 50 mg. orally once a day, ..... (for movement ..... 2 mg. orally twice a day, ..... (for memory) 10 mg. orally once a day, ..... (for memory) 5 mg. orally twice a day, and ..... (for ..... 1 mg. orally every six hours as needed.

Case Communication Report from Tender Touch Health Care dated ..... revealed a completed assessment done. The resident had ..... and ..... He was alert, agitated, noted moments of ..... and ..... references. The resident reported ..... pain and cramping in his legs. He was instructed regarding his ..... process, compliance with medications, and diet. He was also instructed about signs and symptoms to report to ALF caregivers. These included slow position changes and hand washing. Per ALF caregivers at that time, he was more agitated and ..... than usual.

Record review for resident #4 revealed a Facility Health Assessment Form (AHCA 1823)

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/22/2014  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
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dated \_\_\_\_\_ with a diagnosis of \_\_\_\_\_ Parkinson's, \_\_\_\_\_ and \_\_\_\_\_ He required assistance with all ADLs and with self-administration of medications. His current medications included \_\_\_\_\_ (for memory), \_\_\_\_\_ and \_\_\_\_\_ (for \_\_\_\_\_ Further review of the record revealed a Facility Elopement/Wandering Assessment dated \_\_\_\_\_

A Discharge Summary from the hospital dated \_\_\_\_\_, noted history of Parkinson's, \_\_\_\_\_ and \_\_\_\_\_

The Report Case Number \_\_\_\_\_ revealed that on \_\_\_\_\_ at 9:58 PM, officer responded to All Seasons Assisted Living Facility (ALF) regarding a missing person report filed by the facility for resident #4. Staff informed the police that the resident was last seen at 7:45 PM when he received his medication. Staff informed the officer that the resident often walked around the neighborhood. The staff informed the officer that the resident did have mental \_\_\_\_\_. The officer put resident #4's name in the National Crime Information Center system and learned he was just found by Kissimmee Fire Department and transported to the hospital. The resident was found lying on the grass by paramedics 4.2 miles from the facility. This location would take about 1 hour and 20 minutes to walk from the facility. The officer was informed that resident #4 was medically cleared and the officer drove him back to the facility.

In an interview with the facility manager on \_\_\_\_\_ at 3:40 PM, she stated that resident #4 was deemed an elopement risk on \_\_\_\_\_. They were working with the family to find a more secure facility for him. After the incident on \_\_\_\_\_, he was discharged to another ALF on \_\_\_\_\_

Class III

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

Based on observations, record review and interview, the facility failed to ensure 1 of 1 sampled residents who was assessed and identified as a risk for elopement had identification on her person at all times (#7).

|                                                                                                        |                                                                                              |                                                     |
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Findings:

On ..... at approximately 9:15 AM, the facility manager identified resident #7 as at risk for elopement.

Observation of the resident on ..... at approximately 9:30 AM noted she did not have identification on her person.

An interview was attempted with resident #7 at 9:15 AM on ..... but she was not able to answer any direct questions. She spoke in tangents off topic but was pleasant.

Resident record review for resident #7 revealed a health assessment report dated ..... listed diagnoses of ..... and ..... She was on ..... 10 milligrams (mg.) twice daily. Review of the elopement binder revealed a picture of the resident as well as the facility's elopement assessment tools. The assessments, dated ..... and ..... indicated she had no exit seeking behavior.

Observation at approximately 4 PM on ..... found resident #7 sitting outside the facility unsupervised with her walker near her.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2014

**2014 Amended state form**

Administrator  
All Seasons Assisted Living  
509 W. Verona Street  
Kissimmee, FL 34741

Dear Administrator:

Re: CCR #2014003323

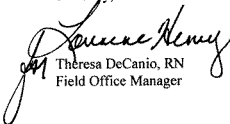
This letter reports the findings of a state licensure survey that was conducted on . 2014 and . 2014 by representative(s) of this office.

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 . 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN  
Field Office Manager

TDC/be  
Enclosure

