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

Specific Tag Findings:

0000-Initial Comments
amended state form to correct date survey completed to

****

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)

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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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998