STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911771	**05/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inglenook	**280 Pine Street Englewood, FL 34223**	
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:
This is the results of an unannounced Biennial and Limited Nursing Service (LNS) survey conducted on through at Inglenook, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on interview with the Administrator and staff training records review,the facility failed to ensure that 7 (Staff #3, #4, #5, #6, #7, #8 and #9) of 9 current direct care staff participated in 2 elopement drills in 2012 and 2013.

The findings include.:

On at 9:30 a.m., a review of all 9 direct care staff revealed Staff #3, #4, #5, #6, #7, #8, and #9 had not participated in 2 elopement drills in 2012 and 2013. Staff #7 had not participated in any elopement drills in 2012 and 2013. Review of the facility's Elopement Policy #22 revised revealed that it states the facility will conduct 2 elopement drills per year.

Interview with the Administer on at 10:30 a.m., after she reviewed her elopement drills sign-in sheets for 2012 and 2013 confirmed Staff #3, #4, #5, #6, #7, #8, and #9 had not participated in 2 elopement drills in 2012 and 2013. She also confirmed Staff #7 had not participated in any elopements drills in 2012 and 2013. She further stated she was unaware each direct care staff had to participate in at least 2 elopement drills each year.

Class III

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Inglenook
280 Pine Street
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on , 2014 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372