STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cities Pavilion	1053 John Sims Parkway Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0032-Resident Care - Elopement Standards-58a-5.0182(8) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to CCR 2014002318 and 2014003389 was conducted at Cities Pavilion on 6/3/14 in conjunction with follow-up to an Extended Congregate Care monitoring visit and a new complaint CCR 2014004789. Repeat Deficient Practice was found at A0032.

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

Based on observation , record review and staff interview the facility failed to implement their elopement policy and procedures for 2 of 9 residents sampled for elopement risk (#1 and #2), and failed to include provision in facility policy and procedures for at risk residents to have identification on their persons.

The findings are:

A review of Resident Health Assessments for Assisted Living Facility (1823) for all the residents in the facility was completed. The findings were two residents had elopement risks under special precautions on their 1823s. The two residents were not in Project Lifesaver.

Resident #1 was found to have an 1823 to be completed on . The special precautions listed were: Wander risk- patient mobile and disbelieving she has problems. A review of her chart indicates she has a brief assessment dated and not applicable written on Project Lifesaver.

An observation with an interview was conducted with resident #1 on about 2:23pm. She says "I do not know" to most questions. She was asked if she carried any type of identification with her she stated, "No that is at home. I do not carry a purse. " She was observed ambulating without difficulty and without the use of any ambulation devise. Her observed to be the corner end of a long hallway with a fire door which is alarmed but does open when pushed within feet of her .

An interview was conducted with the Assistant Administrator on about 5:12 pm. She confirmed that resident #1 was admitted to the facility on / / and brief assessment was completed on / / and marked not applicable for Project Lifesaver. She indicated the initial 1823 completed on admission did not indicate she was an elopement risk. She did confirm that another 1823 completed on indicates she is a wander risk.

Resident #2 was admitted to the facility on . His 1823 is dated and under Special precautions: risk and elopement due to . A further review of the chart was completed and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cities Pavilion	1053 John Sims Parkway Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the brief assessment was found but was completely blank.

An interview with the Facility Director was conducted on about 3:36 pm. She confirmed the Brief Assessment was blank.

An observation was made of the resident #2 in his ' ' 3:46 pm on . He was observed with a walker and had just returned from the . He said he did not carry any identification with the facility name in his wallet. He gave his wallet to the facility director who checked and confirmed there was no identification. The resident was able to answer questions but repeatedly asked what you need over and over.

Review of facility policy "Resident Elopement" revealed an elopement is "an occurrence in which a resident leaves a facility without following facility policy and procedures". It shall be the policy of the facility to practice prevention through a risk management program and education of each resident on admission as to the proper procedure for leaving the facility. The policy states the facility does not maintain a secured unit. All potential residents shall be assessed prior to admission utilizing the "Brief Assessment" in conjunction with AHCA Form 1823 medical assessment. Then the Second Paragraph: elopement due to /wandering is the result of the resident who no longer comprehends the reality of the facility environment and wanders off. The policy is to screen all potential admissions for a history of wandering/elopement due to and to base admission on the ability of staff and the resident to maintain the safety of the resident. "Those with a history of wandering that cannot be controlled will not be admitted to the facility nor kept on a continued stay status." Residents identified as elopement risks will be required to be enrolled in "Project Lifesaver", which requires residents to wear a with a GPS tracking system.

Continued review of the policy failed to reveal any indication that residents will have identification on their person which identifies there name, and address of the facility. An interview was conducted with the Facility Director on about 2:20 pm she did not understand why the policy should have statements regarding residents having identification on them at all times. She confirmed the policy does not have this information.

The Assistant Administrator was interviewed on about 5:20 pm. She was requested to find information in her resident elopement policy regarding having identification on at risk residents on their person. She confirmed this was not part of their policy and stated, "I did not understand why it needed to be there when residents were on Project Lifesaver."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

RE: Revisit plus complaint # 2014004789

Dear Administrator:

This letter reports the findings of a complaint & revisit survey conducted on , 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 850-412-4540.

Sincerely,

Dorian Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida