STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968083	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Assisted Living	2580 First Street Fort Myers, FL 33901	
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:
On . . . an unannounced Complaint Survey, CCR# 2014007741 and CCR# 2014008098 was completed at Avalon Assisted Living in Fort Myers, Florida.

Complaint CCR# 2014007741 had 5 Allegations. Two Allegations were substantiated.
Complaint CCR# 2014008098 had 1 Allegation. The allegation was not substantiated.

At the time of the survey deficiencies were identified related to Complaint CCR#2014007741.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to provide adequate supervision which includes observation of the residents and recording in the resident's record a significant change for 2 (Resident #2 and #3) of 3 sampled residents.

The findings include:

1. On . . at 11:30 a.m., the Manager stated Resident #2 eloped from the facility in . . This was about two weeks after she was admitted. The Manager stated that Resident #2 had exited out of the gate that was not secure. She was found on First Street and was taken to the police station. She was returned and they do not know exactly how long she had been missing. The Manager stated they did not file a 1 day or 15 day report on the incident. She stated there was no documentation in the resident's record concerning the incident. They could not be sure of the day and time of the event.

Record review for Resident #2 found no documentation of the resident eloping.

2. Record review for Resident #3 found a progress note dated . . stating, "Resident back at the facility will continue with . . ." The next note dated . . . . . stated, "Resident still remains at Hospital." There was no documentation of what occurred between . . . . and . . . . that required Resident #3 to be hospitalized.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interview, the facility failed to maintain an adverse incident report for 1 (Residents #2) of 3 sampled residents.

The findings include:

On . . . at 11:30 a.m., the Manager stated Resident #2 eloped from the facility in . . . This was about two weeks after she was admitted. The Manager stated that Resident #2 had exited out of the gate that was not secure. She was found on First Street and was taken to the police station. She was returned and they do not know exactly how long she had been missing. The Manager stated they did not file a 1 day or 15 day report on the incident. She stated there was no documentation in the resident's record concerning the incident. They could not

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be sure of the day and time of the event.

Record review for Resident #2 found no documentation of the resident eloping or documentation of any Adverse Incident Report.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

RE: CCR# 2014007742 & CCR# 2014008098

Dear Administrator:

This letter reports the findings of a state licensure 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 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

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Enclosure: State Form

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

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