STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964824	01/08/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Oviedo Ii	395 Alafaya Woods Blvd. Oviedo, FL 32765	
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:
0000-Initial Comments
The Appraisal visit was conducted on . . . . . Savannah Court of Oviedo II Assisted Living Facility had a deficiency found at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observation, record review and interview the facility failed to ensure a resident with any history of elopement had identification on her person that included their name, the facility's name, address and telephone number for 1 of 1 sampled residents (#1).

Findings:

Record review for Resident #1 revealed the following facility notes:

. . 2:30 AM-Resident walked out back door to sit outside. Proceeded to ambulate on side walk behind Cottage building. Across from police station. Officer noticed resident and returned to court. Son notified.
. . . . . 10:45 AM-Son in to visit resident. Discussed with son resident transferring to Cottage because of increased . . . . . And wanting to leave building. Son agreed. Resident now in memory care unit. . leg bag intact.

An order was sent from the Resident care director to the health care provider on . . . . . for . . 0.5 for . . tion-Resident exhibiting increased ty/exit seeking.

Observations on . . . . . at approximately 12:15 PM revealed Resident#1 was walking down the hallway. Further observations revealed he did not have on any ID.

During an interview with Resident #1 on . . . . . at approximately 12:15 PM, He stated that he went to sit on the porch and was . . . . . as to why he left the building. He stated he remembered that the police did bring him back. He stated the facility staff talked with him and explained that he could not go for walks like that. He stated he stayed in the secured memory care building for about three days. He stated he was now aware that he was not to ever leave like that again and would not leave again. He stated he had several ID bracelets and he cut them off because he thought he did not need them anymore. He wanted to know if he could get another bracelet and wanted to know how long he would have to wear it. He stated he understood how important it was to keep the bracelet on. He stated that would never happen

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again. He knows the facility staff was concerned about his safety.

During a telephone interview with Staff A on at 1:30 PM (the Caregiver that was present when Resident #1 left and worked 11 PM-7 AM shift) she stated the resident wanted to go sit outside. She stated he did that sometimes. She left him there for about 2-3 minutes to check on the other residents and returned to where he was sitting and he was not there. She further explained when she came back in she heard the door bell ring and it was the police bringing the resident back. She stated the police saw the resident and he told them where he lived and they brought him back. She stated it happened so quickly. She stated he told her he did not know what made him leave like that. She was not aware that he was an elopement risks.

During interviews with staff B and C on at approximately 1 PM, they were not aware of any resident who was an elopement risk.

During an interview with the Resident Care Director on at approximately 1:45 PM she stated the staff had placed and ID bracelet on Resident #1 several times and he removed them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Court Of Oviedo Ii
395 Alafaya Woods Blvd.
Oviedo, FL 32765

RE: Appraisal visit

Dear Administrator:

This letter reports the findings of a state licensure appraisal survey that was conducted on , 2015 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 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

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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