STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967720	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rosa's Caring	2873 Nw Us 221 Madison, FL 32340	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On , 2015 a complaint investigation (CCR#2015001331) was conducted at Rosa's Caring Assisted Living Facility. There was deficient practice found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the assisted living facility failed to ensure an initial 1 day adverse incident report was filed for 1 (Resident #4) of 1 sampled resident's elopement resulted in a missing person.

Findings include:

During an interview on at 9:58 AM, the Administrator reported on she arrived at the facility at 4:00 PM and noticed she did not see Resident #4. She stated Staff A advised her that Resident #4 was in her . She reported when Staff A went to check on Resident #4, she notice Resident #4 was not in her . The Administrator reported they immediately initiated their elopement procedure by searching for Resident #4 on the facility property and the wooded area around the property. She reported once she realized Resident # 4 was not located, she contacted law enforcement.

During an interview on at 12:24 PM, staff A reported on reported she noticed Resident #4 was not at the facility at 4:00 PM when she went to check on resident #4 in her . She stated that she had last seen Resident #4 about 3:50pm, when she went back into the house to lie down. She stated she told the Administrator and they immediately started the elopement procedure. Staff A confirmed the Administrator contacted law enforcement.

A review of the Madison County Sheriff Office (MCSO) offense- incident missing person report dated revealed on the Administrator arrived at the facility at approximately 4:00 PM and Resident# 4 was not there. The officers searched the facility and the surrounding areas to locate Resident #4 but to no avail.

A review of the Agency's database revealed the initial 1 day adverse incident report for Resident #4 was not submitted.

During an interview on at 10:49 AM, the Administrator reported she attempted to submit the initial 1 day adverse incident report on for Resident #4's elopement. She stated she was having issues with her user ID for submitting the online adverse incident report. She stated she received assistance and was advised to resubmit the report.

During an interview on at 11:07 AM, Agency for Heath Care Administration (AHCA) Representative confirmed that the initial 1 day adverse incident report for Resident #4 was not submitted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rosa's Caring
2873 Nw Us 221
Madison, FL 32340

RE: CCR #2015001331

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2015 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 me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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