STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Blessing Alf Llc	1051 Ne 154 Terrace Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= G
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:

0000-Initial Comments

A Complaint Investigation (CCR#2015000598) was conducted on - . Blessing ALF LLC. had the following deficiencies at the time of visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a complete health assessment for 1 of 5 (#5) facility residents.

Findings as follow:

Record review documented the facility failed to have a health assessment documenting wether resident #5 (admitted on) was under elopement risk.
On at 10:00 a.m. the facility owner (staff #2) acknowledge the assessment of resident #5 did not document wether resident #5 was under elopement risk.

Class III

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

Based on record review, observation and interview the facility failed to have appropriate supervision and evaluate the significant change to avoid 1 of 5 (#5) facility resident's elopement

Findings as follow:

Record review documented resident #5 (R5) (admitted on / /) eloped from facility on . The resident was admitted the local hospital after being found on the side of the highway and .

Review of the R5 care plan (dated / /) documented: Resident Concern/Issue/Need: Wanderer/ Elopement Evidenced by: other: states wants to go to work Related to: Unstable medical condition: / New admission/change in environment. Resident strengths and preferences: strong and steady on feet. Resident Goal: 1. Resident will continue to walk in environment 3. Resident will remain safe within the facility. Staff Approaches: Evaluate the unit/facility for potential hazards for this resident. Encourage resident to participate in the above activities

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Record review showed resident #5's assessment (date /) did not document wether resident was under elopement risk or not.

Resident #5 "Resident Observation Log" dated at 1355 documented the resident left the facility, The administrator was made aware, search both internal and external surrounding areas, staff member to search internal and external areas of the facility. Family called and reported that they have not seen the resident. The family member and staff member met at the police station to furnish information concerning the missing resident. The Medical Doctor was made aware.

On the R5 was located by local law enforcement. The resident was picked up by staff and the son was notified.

Resident #5 careplan dated documented the following: Concern/Issue/Need: Wanderer/ Elopement Evidenced by: other: states wants to go to work Related to: Unstable medical condition: /Poor judgement. Resident strengths and preferences: strong and steady on feet/ Strong family involvement. Resident Goal: 1. Resident will continue to walk in environment 3. Resident will remain safe within the facility. Staff Approaches: Evaluate the unit/facility for potential hazards for this resident. Offer resident participation inn walking activities. Obtain "wandering" history /pattern from family. Encourage resident to participate in the above activities

Record review documented the facility's Policy and Procedure Wandering Risk Scale states residents would be reassessed whenever there is a change in resident's clinical status, adding that residents who are identified at risk to wander must have an individualized plan of care.

Review of the facility's Policy & Procedure-Wandering Risk Scale documented

Procedures:
A. Wandering Rick Scale Direction of Use:
4. Asses Resident in the following areas: Mental Status, Mobility, Speech Patterns, History of wandering, Diagnosis of
5. White the score of 0,1,2,3, or 5 for each parameter that best describes the residents condition.
6. Add the scores and enter the number under the total score which will determine the risk for wandering.

Scores of: 0-8 Low Risk
9-10 At Risk to Wander
11- above High Risk to Wander

Action Required based on Wandering Risk Scale Score:
a. If the resident is identified as Low Risk to Wander, no nursing action to prevent wandering is needed.
b. If the resident is identified at At Risk to Wander. Initiate interdisciplinary care plan accordingly and follow plan of care.
c. If the resident is identified as High Risk to Wander, the following action must be taken: Initiate interdisciplinary care plan.

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Resident #5's Wandering Risk at admission score upon admission assessed the resident at 9 with is At Risk to Wander. The resident's Wandering Risk Scale Score after the initial elopement assessed the resident at 12 making him a High Risk to Wander.

Resident Observation Log documented on at 1300 documented. R5 was last seen going to the went to check to the toilet. Everyone went looking for the resident around the area. No one knew the way he left the facility because I watch him closely. at 1400 a call placed to the son in law to let him know the father in law left the facility. Staff are still looking for him. On at 1600 Drove to the police station to make police report. at 1500 Son in law informed the facility the resident was admitted to the hospital in another outside city.

Interview on at 8:45 a.m. Staff B stated resident R5 eloped from facility on after the lunch. The resident did not show any sign in his behavior that could made think he was going to elope. The resident was always very calm and used to be sit in facility quiet . She stated resident refused always to go out to the front patio, when she invited him to do it, telling her that he prefers stay in. She added resident is not very talkative. Staff B stated the resident took always medications as ordered and last taken was at 8 am on the elopement day ( ). Staff B went on to say the resident had eloped in one occasion before when he returned back to facility with his son. Staff B stated resident looked healthy.

Interview on at 2:30 PM, R5 son in law stated the resident had been found walking down the local highway and was admitted to the local hospital on . The son in law stated his father in law was admitted to the assisted living facility after having wandered away from home on two occasions. He stated the facility knew the reason why the father was admitted to the facility. The son stated his father in law eloped from the facility in and was notified after the elopement this also took place again in .

Interview with staff D at 11:23 am revealed around 12:45 PM after lunch R5 he went to the . We have an alarm on the door and I did not here the alarm ring. I always take his hand to go to the when finish call me. I direct him to to his . I saw that he did not call me so I went to look for him because the alarm did not ring. I did not hear the alarm ring. I am unsure if the gate was lock. The front door is the place to go. Called the police at 1 p.m. Each person went a way went to 12 avenue near the local grocery store. A third staff member stayed with the residents. This time make twice since the resident left. The first time we found him on West Flagler, I don't know if the police were called.

Interview with the administrator on at 12:10 PM stated she has a bell on the door and keeps the facility yard gate locked at all time.

On it was observed and tested the facility alarm installed at the facility front/exit door. This test showed the alarm was not working (sounding) when opened. (battery not working)

Interview with the administrator on at 12:10 PM stated the batteries for the door alarm should have been replaced and acknowledged bell was not working.

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Class II

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

Based on record review and interview and interview, the facility failed to report an adverse incident to the agency (AHCA).

Findings as follow:

Record review found on Resident #5 eloped from the facility. Resident Observation Log documented on at 1355 the resident left the facility, The administrator was made aware, search both internal and external surrounding areas, staff member to search internal and external areas of the facility. Family called and reported that they have not seen the resident. The family member and staff member met at the police station to furnish information concerning the missing resident. The Medical Doctor was made aware. On , R5 was located by local law enforcement. The resident was picked up by staff and the son was notified.

Further review found the facility failed to notify the agency via adverse incident of the elopement.

Interview with the administrator on at 10:00 AM confirmed they did not file an adverse incident report.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Blessing Alf Llc
1051 Ne 154 Terrace
Miami, FL 33162

RE: CCR #2015000598

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 22-, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Blessing Alf Llc
1051 Ne 154 Terrace
Miami, FL 33162

Dear Administrator:

This letter reports the findings of a complaint 20145000598 inspection survey conducted on 22- , 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this faxed report.

The inspection resulted in findings of non-compliance in the following areas:

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Directed Corrective Actions: [Delete unused rows or add rows if needed]

1. The Assisted Living Facility is required to implement and follow their elopement policy and procedure. Documentation verifying all staff (current staff and future staff) has been trained in this policy every six month with the initial training being completed within ten days of 16, 2015. Documentation of this requirement must be kept on file at the facility, and available for agency review within ten business days of receipt of this letter
2. The Assisted Living Facility is required to follow all resident care plans regarding residents at risk for elopement. The careplan must document interventions to be taken once the resident begins to exhibit exit-seeking behaviors.
3. The Assisted Living Facility is required to implement measures of maintaining the facility's door alarm system. The administrator will test the facility door alarm bi-weekly and document at time of test.
4. The Assisted Living Facility is required to conduct three elopement drills per year with the first drill being completed within ten days of , 2015.
5. The Assisted Living Facility is required to asses all residents to determine if they are an elopement risk. Residents who are determined to be a risk shall be monitored every two hours. The facility should document this observation on the resident's progress notes.

Miami Field Office
8333 N.W. 53rd Street, Suite 300
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Blessing Alf Llc
', 2015

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Kristal Branton, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb

D7JR

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