STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966698	**03/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WELLSPRING ASSISTED LIVING FACILITY	**37815 15TH AVE WEST ZEPHYRHILLS, FL 33542**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015003000, was conducted on .

Wellspring Assisted Living Facility, had a deficiency 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 submit an adverse incident report within 1 day after the occurrence of a resident elopement and resident transfer to a higher level of care for 2 of 3 (Resident #1 and #2) sampled residents.
Findings Include:
On at 9:15 AM interview was conducted with the facility assistant administrator. The Assistant Administrator stated she reported Resident #1 elopement to the local police department on . The assistant administrator stated Resident #1 asked to go to Wal-Mart on and never returned. The facility staff realized Resident #1 was missing when Resident #1 did not come for her 8:00 PM medication pass on .
On at 9:30 AM an interview was conducted with Employee A. Employee A stated Resident #1 said she was going to Wal-Mart and never returned. Employee A stated Resident #1 is and has and left her medications at the facility.
On at 10:37 AM an interview was conducted with Resident #3. Resident #3 stated Resident #1 went missing the day Resident #1 asked him to walk her to the bus stop. Resident #3 stated Resident #1 got on the city bus and he has not seen Resident #1 since.
On at approximately 11:15 AM interviews were conducted with Employee D and E. Both Employee D and E confirmed that Resident #1 went missing from the facility. Employee E stated Resident #1 left the facility while she was on shift on and did not return prior to her shift ending at 3:00 PM. Employee E stated the next morning on when she arrived at 7:00 AM, Resident #1 still had not returned to the facility. Employee E stated after the facility management called Resident #1 ' s family they called the Police who arrived at the facility to take the missing persons report.
On at 12:00 PM an interview was completed with the facility Administrator. The Administrator stated Resident #1 went to Wal-Mart and did not return to the facility. The facility Assistant Administrator called Resident #1 ' s family and Law Enforcement when Resident #1 did not return to the facility the following day. The administrator stated the facility staff were concerned because Resident #1 left without taking her medication with her.
A record review of the Zephyrhills Police Department report dated at 2:23 PM revealed the assistant living facility Assistant Administrator reported Resident #1 missing and reported that Resident #1 left the facility on at approximately noon.
A record review of Resident #1 ' s Health Assessment (AHCA Form 1823) dated revealed Resident #1 was diagnosed with with hallucinations and type II and .
On at 1:54 PM an interview was conducted with Employee B. Employee B stated Resident #2 at the

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facility went out to the hospital and returned the same day.
On at 2:16 PM an interview was conducted with Employee F. Employee F stated she called 911 after Resident #2 and reported hitting her head and complained of pain. Resident #2 complained that her neck was hurting and fire rescue transported Resident #2 to the hospital.
A record review of the facility incident report log book revealed Resident #2 sustained a at the facility on . Resident #2 and hit her head, complained of pain and the facility staff called 911 for an ambulance. Resident #2 was transported to the hospital for evaluation.
A record review of Florida Hospital Zephyrhills records dated revealed Resident #2 was seen in the emergency department and was diagnosed with a right occipital hematoma.
A review of the Agency ' s adverse incident reporting portal on at 1:00 PM revealed no adverse incident reports were filed regarding the elopement of Resident #1 on and the and injury that required emergency evaluation for Resident #2 on .
On at 2:08 PM an Interview was conducted with the facility Administrator who stated " we did not make an adverse incident for Resident #2 because she was and we just sent her for precautionary measures " .
The Administrator stated we filed the adverse incident for Resident #1 today and " we should have filed it yesterday but it was a crazy day. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wellspring Assisted Living Facility
37815 15th Ave West
Zephyrhills, FL 33542

RE: CCR# 2015003000

Dear Administrator:

This letter reports the findings of a complaint 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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