

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968604	(X3) DATE SURVEY COMPLETED 03/30/2015
NAME OF PROVIDER OR SUPPLIER CONSUELOS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 4401 W BALLAST POINT BLVD TAMPA, FL 33611	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015002995, was conducted on

Consuelos 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 10:30 AM an interview was conducted with the facility Administrator.

The Administrator stated Resident #1 escaped from the facility and she called the Police after Resident #1 was gone for 2 hours and a missing persons report was filed. The Administrator stated she was notified by the hospital prior to Resident #1 admission that Resident #1 has a history of escapes in the past. The Administrator stated Resident #2 purposely jumped out of the back seat of the car into the street during an attempted transport to the local crisis stabilization unit. The Administrator stated Law Enforcement was called and Fire Rescue transported Resident #2 to a local hospital. The Administrator stated Resident #2 had a history of trying to commit by jumping out of cars into traffic at least twice prior to his arrival to the assisted living facility.

On at 12:24 PM an interview was conducted with Staff A. Staff A confirmed the elopement of Resident #1 stating in the 8:00 hour he went to give Resident #1 his medication and he was not there. Staff A also confirmed the incident with Resident #2. Staff A stated he was driving and at the stop light Resident #2 opened the door and dropped out of the car. Staff A stated he attempted to pick Resident #2 up but Resident #2 scratched his arm. Staff confirmed law enforcement and fire rescue was called and Resident #2 was taken to the hospital.

A record review of Resident #1 health assessment dated revealed Resident #1 was diagnosed with and bi-polar

A record review of the Tampa Police Department incident report dated at 1:45 PM revealed 911 was called after a witness observed that Resident #2 " crawled out of the back seat of the car to the pavement ". Witness observed Staff A " trying to get him back in the back seat " but Resident #2 was fighting with Staff A.

A record review of Resident #2 file revealed a hospital history and physical report dated that noted Resident #2 is diagnosed with chronic mental illness. The report noted Resident #2 " has a tendency to jump into the middle of traffic whenever he is commanded by his voices ". A assessment dated revealed Resident #2 " rolled into the middle of the street in an attempt to get hit by a car " on In 2011 Resident #2 " walked into traffic and was hit by a car " attempting

A review of the Agency for Health Care Administration Adverse incident reporting portal on revealed no adverse incidents were filed regarding Resident #1 and #2 's incident.

An interview was conducted with the facility Administrator on at 1:09 PM. The administrator admitted to failing to submit adverse incident reports for Resident #1 and Resident #2. The Administrator stated it was her

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mistake that the adverse incident report was not submitted and she only called the Police for both Residents #1 and #2.
On 03/23/2015 at 9:51 AM Tampa Police Department (TPD) records clerk confirmed the missing persons report was taken by TPD on 03/23/2015 regarding Resident #2.
Class III



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Consuelos ALF
4401 W Ballast Point Blvd
Tampa, FL 33611

RE: CCR# 2015002995

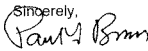
Dear Administrator:

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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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