STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	**05/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WIRICK (THE)	**434 4TH STREET, NORTH SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015005110, was conducted on .

The Wirick, assisted living facility, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interviews the facility failed to ensure Agency for Health Care Admission (AHCA) 1823 Health Assessment forms for 2 of 3 resident records reviewed (Resident #1 and Resident #6) were properly completed when provided by the health care provider.

Findings include:

1- A record review on of Resident #1 ' s AHCA 1823 Health Assessment form showed that the facility failed to obtain height, weight, activities of daily living and Resident #1 ' s ability to perform self-care task.
2- A record review on of Resident #6 ' s AHCA 1823 Health Assessment form showed that the facility failed to obtain task related to general oversight.
3- In an interview on at 2:52 PM, the facility administrator acknowledged that the AHCA 1823 Health Assessment form for Resident #1 was missing height, weight, activities of daily living and Resident #1 ' s ability to perform self-care task.
4- In an interview on at 2:52 PM, the facility administrator acknowledged that the AHCA 1823 Health Assessment form for Resident #6 was missing task related to general oversight.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interviews the facility failed to obtain a written statement from a health care provider showing that the staff member was free from communicable including ( ) for 1 of 4 staff sampled (staff F).

Findings include:

1- A record review on of staff F indicated that staff F had started working at the facility on . The record review indicated that the facility failed to ensure that staff F had obtained a written statement from a health care provider that staff F was free from communicable including within 30 days after beginning employment.
2- In an interview on at 2:30 PM with staff C, it was requested that the facility provide a copy of the freedom from communicable including statement from a health care provider for staff F. Staff C stated

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that it had not been completed at the time of the complaint investigation.

Class III

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

Based on record reviews and interviews the facility failed to provide adverse incident reports to the Agency for Health Care Administration for 3 of 3 incidents of elopement which placed residents at risk (Resident #1, Resident #2 and Resident #3) and were reported to local law enforcement for investigation.

Findings include:

1- A record review on of incident reports for the facility indicated that on local law enforcement was contacted about Resident #2 ' s elopement from the facility.
2- A continued record review on of incident reports for the facility indicated that on local law enforcement was contacted about Resident # 3 ' s elopement from the facility.
3- A continued record review on of incident reports for the facility indicated that on local law enforcement was contacted about Resident #1 ' s elopement for the facility.
4- A record review on of law enforcement reports indicate that law enforcement accepted a report on at 8:05 AM related to the elopement of Resident #2. The law enforcement report indicated that staff felt Resident #2 was at risk because Resident #2 suffers from , is without his medication and has been missing since . Law Enforcement indicated at 10:31 AM on that Resident #2 was found due to natural causes.
5- A continued record review on of law enforcement reports indicate that law enforcement accepted a report at 8:30 AM on that Resident #3 had been missing since / . The law enforcement report indicated that staff felt Resident #3 was at risk because Resident #3 is a and is without his medication. It was reported that Resident #3 returned to the facility on .
6- A continued record review on of law enforcement reports indicates that law enforcement accepted a report on at 8:32 PM that Resident #1 had been missing from the facility since 11:15 AM that morning. The law enforcement report indicated that staff felt Resident #1 was at risk because his mental health caused him to be to his location, he does not have the physical condition to walk very far and is believed to have the onset of . Law enforcement indicated that they started immediate patrols to try and locate Resident #1. It was reported by law enforcement that at 2:45 AM on , Resident #1 was hit by a law enforcement vehicle while he was sleeping in the street. Resident #1 was transported to a local hospital in critical condition.
7- In an interview on at 12:05 PM, the facility administrator indicated that he has not completed adverse incident reports on the elopements of Resident #1, Resident #2 and Resident #3.
8- In an interview on at 2:30 PM with staff C, it was stated that law enforcement was contacted about Resident #2 because they were concerned about the risk of him going without his medication for . It was stated that law enforcement was contacted about Resident #3 because of the risk of Resident #3 going without his medication for being a . It was stated that law enforcement was contacted because of the

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overall risk to Resident #1. Because Resident #1 was easily lost the facility was concerned that he would not be able to find his way back to the facility. Staff C stated that they were concerned because Resident #1 had lived 16 years at the facility and had never been gone at night.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wirick (The)
434 4th Street, North
Saint Petersburg, FL 33701

RE: CCR# 2015005110

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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review 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

St. Petersburg Field Office
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St. Petersburg, FL 33701
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