AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910608	05/05/2016
NAME OF PROVIDER OR SUPPLIER **PEMBROOK PLACE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1623 ROBINHOOD LANE** **CLEARWATER, FL 33764**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Complaint survey (CCR#2016001946 and 2016001856) was conducted on . The Pembrook Place II assisted living facility had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based on record reviews,interviews and observations the facility failed to contact the health care provider with a change in condition and maintain an awareness of the health and safety of 2 of 3 residents whose records were reviewed and who require supervision. (Resident #1 and Resident #2)

Findings included:

On . /. at 1:00 A.M. Resident #1 exited through the non alarmed door in her walked to a neighbor's house. Based on an interview with the neighbor on at 12:00 P.M., the resident asked that she" call 911 because they are denying me care and I think I have a kidney ." The resident was transported to the hospital by Emergency Medical Services (). A review of the hospital records revealed that she did have a kidney and a .

A review of the resident record revealed a Health Assessment Form 1823 dated / / stating that Resident #1 has a diagnosis of with poor memory and requires assistance with all activities of daily living. Facility progress notes revealed that on / the physician saw her and indicated that she had a kidney and recommended that she drink plenty of water. On / / a note stated that the resident appeared more and was refusing to drink water. There was no evidence that the health care provider was notified of this change in condition.

An interview with the Administrator was conducted at 1:00 P.M. She stated that she was asleep when the fire department personnel came to her door at approximately 1:30 A.M. on / /. She was told by them that the resident was being transported to the hospital. She stated that there is an exit door in the resident's was not alarmed and never thought that the resident would exit from there late at night. She also stated that the resident had not complained to her about a kidney or pain. She did confirm that the resident was more lately and that she had kidney stones in the past and was supposed to drink lots of water. She also stated that the resident frequently asked to go to the hospital for various maladies.

Resident #2 was admitted to the facility on . /. /. . During the interview with the neighbor about

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Resident #1, she also stated that Resident #2 was found by her husband wandering inside of their house in early 2016. She stated that Resident #2 appeared and had an unsteady gait. He was escorted back to the facility by the neighbor's husband. She still sees this resident shuffling up and down the driveway of the facility alone.

An interview was conducted with the Administrator at 12:30 P.M. related to this incident with Resident #2. She stated that he was just and got lost. He was new to the facility at that time and believed that it occurred a few days after he was admitted. There was a progress note in the resident record that stated "resident went out for walk and got lost. Told he must ask us". She confirmed that the resident has an unsteady gait and should be supervised when taking walks outside.

An interview was conducted with Resident #2 at 12:20 P.M. He stated that he takes walks and that he "somewhat remembers going to a neighbors house and they brought me back". He stated that he still takes walks up and down the driveway and doesn't always tell them when he does. He said that he uses the door by his sometimes the bell goes off. He also stated that he gets at times

A review of the record for Resident #2 revealed that he was admitted to the facility from a skilled nursing facility on . His diagnoses include . The Health Assessment Form 1823 dated stated "alert with episodes of , supervision required for safety due to unsteady gait when ambulating". In addition, there was a statement to discharge to the ALF with Home Health RN/ /OT. The Administrator was unaware of this order and did not notify the health care provider of this order that she received from the skilled nursing facility.

CLASS III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record reviews, the facility failed to submit to the agency, the required 15 day Adverse Incident after a resident elopement. (Resident #1).

Findings included;

On at 1:00 A.M. Resident #1 exited through the non alarmed door in her walked to a neighbor's house. Based on an interview with the neighbor on at 12:00 P.M., the resident asked that she" call 911 because they are denying me care and I think I have a kidney ." The resident was transported to the hospital by Emergency Medical Services ( ). A review of the hospital records revealed that she did have a kidney and a .

AGENCY FOR HEALTH CARE ADMINISTRATION

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An interview was conducted with the Administrator at 1:00 P.M. on . She stated that she had filed the 1 day Adverse Incident Report to the state agency, but admitted that she had not filed the 15 day report. She confirmed that this event was adverse for elopement.

A review of the 1 Day Adverse Incident report revealed that it was filed on and that it was filed late. There was no 15 day report found.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pembrook Place II
1623 Robinhood Lane
Clearwater, FL 33764

RE: CCR #2016001946 & 2016001856

Dear Administrator:

This letter reports the findings of two state licensure surveys that was conducted on , 2016 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
XG90