STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964062	07/19/2016
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VERO BEACH SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **410 4TH COURT** **VERO BEACH, FL 32962**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2016007743, was conducted on 12th and 19th, 2016 at Brookdale Vero Beach South (License #8798). The facility had a deficiency identified at the time of the visit.

0032 Resident Care - Elopement Standards

Based on observation, interviews and record review, the facility failed to ensure all residents at risk for elopement were identified according to their policy and procedure, affecting 2 out of 4 sampled residents (Residents #1 and Resident #2).

The findings included:

During interview with the Administrator and the Business Office Manager at 1:30 PM on , they stated no current residents at the facility were at risk for elopement. The facility's Elopement Policy was requested and reviewed, the following was noted.

The facility's Elopement Risk Policy (effective / / and last revised 2015) indicated:
1. Any resident at a non- and Care community who has a documented diagnosis of shall also be considered at risk for elopement.
2. Those residents at risk for elopement should wear identification containing the resident's name and the facility name, address and telephone number.
3. Residents identified at risk for elopement should be checked daily to determine that they have their identification on them.

Review of sampled residents' records revealed at least two residents met the facility's criteria for at risk for elopement, Resident #1 and Resident #2.
a) Resident #1's health assessment (AHCA Form 1823) dated listed a diagnosis of .
An additional health assessment dated / / noted, "Patient needs wandering precautions".
b) Resident #2's health assessment (AHCA Form 1823) dated listed a diagnosis of and "elopement risk" as a special precaution.
There was no documentation in the residents' records to show daily efforts to determine that they had identification on their person. Observations made of Residents #1 and Resident #2 at 12:00 PM on / revealed no identification worn with all required information noted in the facility's policy.

During interview with the Administrator and Business Office Manager at 1:30 PM on / , they acknowledged that Residents #1 and Resident #2 had diagnoses of and were not identified by

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the staff as at risk for elopement, requiring identification to be on their person with additional daily monitoring for this identification.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Vero Beach South
410 4th Court
Vero Beach, FL 32962

RE: CCR #2016007743

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016 and , 2016 by a representative 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 12, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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