RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Plantation On Summers LLC, The
147 SW Summers Lane
Lake City, FL 32025

RE: CCR #2016009899

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 2016 by representative(s) of this office.

Enclosed 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 [redacted], 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 this office at 386-462-6201.

Sincerely,

Charles Boy for

[redacted] J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910289	08/24/2016
NAME OF PROVIDER OR SUPPLIER **PLANTATION ON SUMMERS LLC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **147 SW SUMMERS LANE** **LAKE CITY, FL 32025**	

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

0000 Initial Comments

A complaint investigation (CCR#2016009899) was conducted on at Plantation on Summers, LLC, Lake City, FL. 32025, License #5191. A deficiency was found at the time of the visit.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to complete an initial 1 day adverse incident report for 1 of 1 sampled residents (Resident #1) for elopement from the facility.

Findings:

1. A review of the facility's incident report on , dated , revealed that Resident #1 had left the facility without alerting staff or signing out. It also stated a missing person's report was filed with the local police the following day on .

2. A review on of police incident report revealed the facility filed a missing person's report on for Resident #1, after Resident #1 failed to return to the facility.

3. In an interview at 9:36 am on with the Office Manager, she reported Resident #1 had left the facility after dinner on . She stated the staff discovered Resident #1 missing after doing a head count shortly after dinner. She stated the staff called the local police the following afternoon to file a missing person report. She also confirmed Resident #1 has never returned back to the facility. She stated the facility did not file an adverse incident report with the Agency.

4. In an review of Resident #1's medication history it revealed he is taking prescribed physician ordered medication on a daily basis for his mental health status in order to control his behaviors. Resident #1 did not have his medications with him when he eloped, which puts him in risk.

Class III