STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965628	11/30/2016
NAME OF PROVIDER OR SUPPLIER ALL STARS ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1131 W LAKE BRANTLEY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 Initial Comments

On 11/21/2016 and 11/30/2016 a biennial re-licensure survey with Limited Mental Health (LMH) was conducted at All Stars Assisted Living Inc. (License#9972). There was a deficiency found at the time of the visit.

0025 Resident Care - Supervision

Based on observation, record review and interview, the facility failed to provide adequate supervision for 1 of 13 residents (#12) who resided in the facility. On / / , resident #12 had unscrewed the side gate and walked out of the facility without the facility staff's awareness.

Findings:

On / / at 9:30 a.m. an unlicensed staff (B) stated that one-day last week (she didn't remember an exact date), the owner had called her and asked her to check for resident #12. She thought resident #12 was sleeping in his the door closed as he normally did. Staff B stated that when she went to resident #12's , she found that he was not in his . So she looked around the facility and found the side gate was left open.

On / / at about 10:00 a.m. resident #12 was in his the door closed. Staff B knocked and asked him whether he could be interviewed by the surveyor. He allowed the surveyor to enter his . He resided in a private on the South side of the house. The a side door opening out to the south-side yard that had a locked gate. The resident stated indeed he had left the facility through the side gate; he pointed to the direction. He then voluntarily took the surveyor out to the yard to show where the gate was and how he did unscrew the lock and opened the gate. He stated that it was so easy to unscrew the only 2 screws with a Phillip-head screw driver. He stated that the owner should have used the type of screw that would need to be unscrewed by electric tool. However, he said that he would not do it again. He stated that he was mad at one of the residents and just wanted to go out to take a walk. While walking outside, he felt pain in his back. He said that he did not have his walker with him. So he was leaning against a tree when a police officer found him and called an ambulance to transport him to a hospital. He called the owner from the hospital to tell him where he was and to pick him up to return to the facility on the same day. He stated that he had always had a cell phone with him. When asked whether he had left the facility without signing out before, he said never. He stated that the owner normally took him out, weekly, in his van for shopping and running errands.

An observation of the gate made on / / revealed the gate was locked with the same lock with 2 exposed screws. The , lock had not been changed to prevent the same incident to happen again.

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	AL11965628	**11/30/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALL STARS ASSISTED LIVING, INC	**1131 W LAKE BRANTLEY ROAD ALTAMONTE SPRINGS, FL 32714**

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

Twelve of 13 residents who resided in the facility ambulated independently.

Review of resident #12's record revealed a health assessment (AHCA 1823) dated which indicated that the resident was independent with all activities of daily living. He ambulated with a walker or cane. He was diagnosed with and type 2. The resident was not an elopement risk.

Resident #12's observation log dated / at 12:30 p.m. indicated that Staff reported that she heard a loud yelling in the living resident 312 and a female resident who told him not to pull on the medication cart (to look for his cigarettes). After the staff gave him a cigarette at about 1:30 p.m., he was calm and told staff he was going to take a nap. He went to his usual and he always locked his door. At about 3:30 p.m. the owner (name) received a phone call from the resident telling him that he was in a hospital for back pain. The owner picked him up at about 7:45 p.m. and brought him back to the facility on the same day.

On / at 11:30 a.m. the administrator stated that her husband/owner was going to fix the lock soon.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
All Stars Assisted Living, Inc
1131 W Lake Brantley Road
Altamonte Springs, FL 32714

RE: Re-licensure survey w/LMH

Dear Administrator:

This letter reports the findings of a state licensure survey 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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