STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	02/23/2017
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016014439), was conducted at Cottages of Port Richey (The) on . Cottages of Port Richey (The) had deficiencies at the time of the investigation.

(License # 5993).

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to obtain a face-to face medical examination documented on AHCA Form 1823 after a significant change in condition for one (Resident #1) of three resident records reviewed.

Findings included:

During a review of resident records, it was discovered that Resident #1 had eloped from the facility on . Records also showed that Resident #1 was transferred from the facility's independent living section to their secured memory care unit upon return to the facility on and remained there until being discharged from the facility on to a higher level of care.

A review of Resident #1's most current AHCA Form 1823 dated showed that the health care provider noted that Resident #1 was not an elopement risk.

A discussion took place with the administrator and marketing director at 3:20 PM on concerning the lack of an updated AHCA Form 1823 after Resident #1 had a significant change in mental condition requiring a transfer to their secured unit. The administrator acknowledged that a new AHCA Form 1823 was not obtained concerning this change in condition.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

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

Based on interview and record review, the facility failed to provide proof of documented elopement drills pursuant to Sections 429.41(1)(a)3 and 429.41(1)(l) F.S.

Findings included:

During a survey conducted on , the administrator was asked for copies of the facility's elopement drills. The marketing director provided copies of elopement drills dated and .

A discussion concerning the copies of documented elopement drills for 2015 and 2016 was conducted with the administrator and marketing director at 3:25 PM on . The requirement for conducting 2 elopement drills a year was discussed. The marketing director stated that the documented elopement drills dated and were the only ones available.

Class III