STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	03/08/2017
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

A Complaint investigation #2017000327 was conducted on . Indigo Palms (license #10704) had deficiencies at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to maintain an accurate and up-to-date Admission/Discharge log for 1 of 4 sampled residents (#9).

Findings:

Review of the Admission/Discharge log revealed resident #9 was discharged on . The log did not indicate where the resident was discharged to, but only stated a reason of "HLOC" (higher level of care). The facility's log did not include a column for location after discharge.

Review of the record for resident #9 revealed documentation that he complained of on asked to be taken to the hospital. 911 was called and he was taken to the Emergency (ER). The resident's family and physician were notified.

In an interview with the Resident Care Director on at 3:30PM, she confirmed the Admission/Discharge log did not indicate where resident #9 went. She stated resident #9 went by ambulance to the hospital on for and he remained in the hospital for a long period of time. The family removed all belongings from the facility on , which was his official discharge date.

Class III