STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965650	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **RES-CARE PREMIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **12981 SW 52ND STREET** **FORT LAUDERDALE, FL 33330**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at Res-Care Premier, an Assisted Living Facility (license #10009). The facility had the following deficiencies.

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

Based on record review and interview, the facility failed to ensure an updated health assessment was completed for 2 of 2 residents (Residents #1 & #2) reviewed.

The findings included:

Record review on found that Resident #1 was admitted to the facility on with a health assessment documented on AHCA Form 1823 dated . Resident #2 was admitted to the facility on with the latest health assessment documented on AHCA Form 1823 dated . There was no updated health assessment or documentation with the required information present in either residents file.

During an interview with the Administrator on 3:00 PM, he confirmed that the health assessments found on the residents files were the latest available. He says that the residents are seen by a doctor often but a new health assessment form was not completed. "We will have to get one completed for them. "

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to provide, within 1 business day, an Adverse Incident Report to the Agency for Health Care Administration related to an event that was required to be reported to law enforcement and place a resident and other at risk of harm and injury.

This is evidenced by:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965650	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **RES-CARE PREMIER**	STREET ADDRESS, CITY, STATE, ZIP CODE **12981 SW 52ND STREET** **FORT LAUDERDALE, FL 33330**	

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

During the standard relicensure staff interview on at 11:00 AM, with Staff A, she confirmed that Resident #3 had eloped from the facility a few months ago and was found in another county, however, she did not know all the details.

The facility's adverse incident reports were request and reviewed but found no evidence that Resident #3 elopement was reported to ACHA as required. Review of the facility's incident report found that the resident had eloped with a staff members care and had driven to his Mother's home.

During an interview with the Administrator on at 2:00 PM, he confirmed he did not report the event to AHCA but he reported it to his managers and law enforcement. He says he did not think it had to be reported to AHCA.

Class III