STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965480	04/11/2017
NAME OF PROVIDER OR SUPPLIER **SPRING HILLS HUNTER'S CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3800 TOWN CENTER BLVD.** **ORLANDO, FL 32837**	

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

0000 - Initial Comments

A Relicensure survey with Limited Nursing Services was conducted from - . Spring Hills Hunter's Creek, License # 9858, had deficiencies at the time of the survey.

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

Based on interview and record review, the facility failed to ensure appropriate supervision and care for 1 of 8 sampled high-risk elopement residents. Two elopements occurred from the Memory Care Unit, twelve days from the first to the second elopement (#15).

Findings:

Resident #15's record revealed a dated AHCA Health Assessment form reflecting special precautions of "Risk for Elopement & ". A wander bracelet, which alarms at the facility's front entrance door when the resident attempts to leave through the door, was placed on the resident on .

Resident #15's notes reflected that the resident eloped on at 11:45 AM from the Memory Care Unit, and returned to the facility by local police on same day . Resident #15 continued to exit seek from the memory care unit and have wandering behaviors as follows:
On at 11:56 PM, "Resident observed trying to leave memory care unit today, saying I have to go home. I'm leaving now."
On at 3:46 AM, "Resident observed wandering the Spring Cottage (memory care unit) around 3 AM stating he has to leave and go home."

The second elopement occurred on at 4:30 PM, twelve days after the first elopement from the Memory Care Unit, and returned to the facility by a female citizen on same day at 4:47 PM.

On at 2:30 PM, the Assistant Director Resident Care stated Resident #15...and is always trying to leave the memory care unit because he has to go to work and he will ask staff for his keys to the car to drive." He was a bartender. She stated that although he has memory , he is still enough to know the difference between a play station bar and a real bar to mix his drinks.

On at 4 PM, both the Administrator and the Director of Resident Care stated they have not reassessed the resident for continued residency. Additionally, they have not spoken to the family.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965480	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING HILLS HUNTER'S CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3800 TOWN CENTER BLVD.** **ORLANDO, FL 32837**	

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to obtain a statement from a health care provider documenting freedom from communicable for 1 of 5 staff (C).

Findings:

Personnel record review for staff C, hired , found no documentation to confirm she was free from communicable .

On at 3 PM, the Administrator said she believed all of the staff had a form in their records. She reviewed the form dated in staff C's record and confirmed it did not contain the words "communicable ." and only stated she did not have . Over 30 days passed and this freedom from communicable statement was not in staff C's personnel file.

Class III