

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED 05/11/2017
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	

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

0000 - Initial Comments

An unannounced Complaint Investigation (CCR #2017002066) was conducted on , 2017 and 11, 2017 at Seminole Acres Kanlake II (License #9025). The facility had a deficiency identified at the time of the investigation.

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

Based on record review and an interview, the facility failed to ensure a one (1) day and fifteen (15) day Adverse Incident report was completed and filed, for 1 out of 3 sampled residents (Resident #1) who eloped and for an event that is reported to law enforcement.

The findings included:

On at 4:00 PM, Staff A stated during interview that Resident #1 had left the property from the backyard during the evening in , 2017 while congregating with residents after dinner outside. She stated the resident was returned by law enforcement the same night around 10:30 PM. During interview with the Assistant Administrator on at 4:15 PM, he stated the resident had not eloped as she had not left the property at the time of the incident. He stated the resident was adjusting to the facility as she had been admitted on the same date.

Review of the incident report dated (different date than law enforcement report) completed by the facility showed the resident "could not be located on the premises at around 6:30 PM". Law enforcement was notified. The resident had returned around 11:00 PM, and law enforcement was notified of the resident's return. The resident was at this time, according to the incident report.

Review of the "Information Report" dated completed by law enforcement showed the resident was reported by Staff A at 6:38 PM on . The report showed that an unknown person was allegedly "banging on the back door of a house near the facility a few hours later" but was gone upon arrival to the house. The resident was noted to return to the facility "a short time later".

Based on the aforementioned findings, the resident had eloped from the facility. Although the resident returned and is not considered an elopement risk, the facility's policy and procedure identifies residents who leave the facility without following the guidelines for signing in and out as having eloped. Additionally, the event was reported to law enforcement. Therefore, an Adverse Incident report (1 and 15 day) was required to be completed and filed with the Agency. Review of the Agency's database revealed no such report had been filed within the required timeframe (within 1 day and within 15 days).

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964327	(X3) DATE SURVEY COMPLETED 05/11/2017
NAME OF PROVIDER OR SUPPLIER SEMINOLE ACRES KANLAKE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3562 SEMINOLE ROAD FORT PIERCE, FL 34951	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The facility provided no additional documentation of the required report for review at this time. Class III		