STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **HAINES MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 SOUTH 10TH STREET** **HAINES CITY, FL 33844**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017005963), was conducted at Haines Manor ALF, (Lic. # 9965), on . . . . . Haines Manor ALF had a deficiency at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility did not offer sufficient personal supervision as appropriate for one of three residents sampled (#2).

Findings included:

Based on record review, the health assessment for Resident #2 indicated that this individual was an elopement risk. Further review of this record found a . . . progress note stating "resident eloped..." According to an interview with the administrator at 2:40pm on , Resident #2 was pacing up and down the memory unit hallway during the late evening/night of , and one of the two staff members left the unit to assist another employee from the AL side with a medication-related task for about 15 minutes." (This action had not been preauthorized by the administrator, but the 2nd memory unit employee was unaware of this). During this period, Resident #2 apparently withdrew into # (small common space), broke the window jammers, and knocked out the screen window--apparently jumping down to the ground. The administrator voiced understanding that with a wandering, exit-seeking clientele on the memory unit, he needed at least two (2) staff to be on duty at all times and that what had occurred needed to be formally addressed.

Class III