STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	**08/07/2017**
NAME OF PROVIDER OR SUPPLIER **ARLINGTON GARDENS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7550 60TH WAY NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, two complaint surveys, (CCR #2017006723 & CCR #2017006736), were conducted at Arlington Gardens, LLC (Lic. # 5299). A deficiency was identified 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 maintain awareness of the whereabouts of one of two former residents sampled (#13) for a period of at least 9 hours, as well as not maintain an up-to-date written record of all significant and potentially significant changes for one of two former residents sampled (#12).

Findings included:

A resident record review during the investigation revealed "...that staff stated (the resident) was here for his/her 5p and 8p meds (on ...and not sure when he/she left..." Further review of the file found the following: "8:30pm--Resident left Arlington Gardens some time after the last med pass and was found by the police and they brought him/her back to Arlington." According to the manager in an interview at 2pm on : "She received a call from the police at around 5am on informing her that Resident #13 had been found and didn't know his way back...The guardian had told the police he does not wander with no risk of elopement; he used to go out all of the time and came back at the other facility..." The manager added that this was the first time she had been notified of this situation, underscoring the lack of facility knowledge regarding the resident's location.

With respect to documentation, review of Resident #12's file found several progress notes referring to hospitalizations in , 2017, but no reasons why the resident was being sent out were provided. These included episodes from 6/3, 6/8, , and . In addition, a incident from found no description--addressing who initiated the action, what contributing factors were present, how the resident responded, etc. Finally, no progress note(s) could be found regarding the final disposition of Resident #13's tenancy at the facility (discharge notice; letter; etc.) Interview with the manager at 1:20pm on verified that the above-referenced documentation was missing.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	**08/07/2017**
NAME OF PROVIDER OR SUPPLIER **ARLINGTON GARDENS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7550 60TH WAY NORTH** **PINELLAS PARK, FL 33781**	

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

Class III