STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	**10/09/2017**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017009268 and CCR# 2017010018), were conducted at Amelia's House on , in conjunction with a revisit to a complaint survey, (CCR# 2017008439). Amelia's House, Assisted Living Facility, had deficiencies at the time of the investigation.

(License # 12566)

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

Based on interview and record review, the facility failed to maintain an awareness of a resident's whereabouts and follow its protocol for elopement for one (Resident #3) of three records reviewed.

Findings included:

An interview was conducted with the Administrator on at 11:20 AM. The Administrator stated that Resident #3 would be gone for days at a time without the facility knowing where they were. The Administrator stated that the facility would notify the police after 24 hours. When asked if the facility filed an adverse incident report, the Administrator stated that they did not.

A review of the facility's Elopement Policy and Procedure showed that if a resident left the property and did not inform the staff of where they were going, and 8 hours had passed, law enforcement should be called. The policy also stated that staff would be responsible for filling out an incident report. There was no documentation observed on file.

Class III

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on record review and interview, the facility failed to maintain complete and accurate records on resident trust funds accounts for one (Resident #3) of three records reviewed.

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Findings included:

A review of Resident #3's resident trust fund was conducted on to review State funding provided to the resident. The resident trust fund showed that the resident had a balance of $150.00 on . The record showed that a check was received by the resident for $100.00 on . The record showed a disbursement on in the amount of $50.00 with the new balance showing as $100.00, not the accurate amount of $200.00. Another disbursement was recorded for $50.00 on with the recorded balance of $50.00 instead of the accurate amount of $150.00 (photographic evidence obtained) .

Concerns regarding funding due to the resident were discussed with the Administrator at 3:30 PM on .

Class III

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

Based on interview and record review, the facility failed to maintain adverse incident reports and provide, within one business day after an occurrence, a preliminary report to the agency for one (Resident #3) of three records reviewed.

Findings included:

An interview was conducted with the Administrator on at 11:20 AM. The Administrator stated that Resident #3 would be gone for days at a time without the facility knowing where they were. The Administrator stated that the facility would notify the police after 24 hours. When asked if the facility filed an adverse incident report, the Administrator stated that they did not.

A review of the Agency's internal adverse incident reporting system confirmed no adverse incident was filed by the facility regarding Resident #3's elopement.

Class III

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