STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	R 11/30/2017
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

A revisit to complaint CCR 2017010018 and 2017009268) in conjunction with a 2nd revisit to and complaint (CCR 2017008439) was conducted at Amelia's House on . Amelia's House had deficiencies at the time of the visit.

(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 a general awareness of residents' whereabouts for one (Resident #1) of two residents reviewed.

Findings included:

An interview was conducted with Resident #1 on at 10:00 AM. Resident #1 stated that they left the facility without signing out and walked for 2 days. They stated that they were gone for 3 days and 3 nights and that the facility didn't know where they were.

A review of Resident #1's record showed documentation dated at 12:00 PM indicating that the resident left the facility without signing out. The form also showed documentation dated at 12:00 PM that the resident was still not back at the facility and the local police were notified. The next entry was dated at 10:00 AM stating that Resident #1 was found by the police at a shelter. It stated that the resident was returned to the facility. According to the documentation, Resident #1 stated that they went for a walk and got lost.

On at 9:15 AM, an interview was conducted with Resident #1's case manager. The case manager stated that the facility did not tell him about Resident #1 being missing from the facility for two days.

An interview was conducted with the Administrator at 12:11 PM on and they stated that the resident was gone for 2 days and acknowledged that they did not know where Resident #1 was.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	R **11/30/2017**
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)

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 #1) of two residents sampled.

Findings included:

An interview was conducted with Resident #1 on at 10:00 AM and they stated that they had left the facility without signing out and walked for 2 days. The resident stated that the facility did not know where they were.

A review of Resident #1's record showed documentation dated at 12:00 PM that Resident #1 left the facility without signing out. Further documentation dated at 12:00 PM indicated that Resident #1 had not returned and the local police were called. The record showed an entry on at 10:00 AM that the police returned the resident to the facility.

The Administrator was interviewed at 12:11 PM on and they stated that they did not file an adverse incident report concerning Resident #1's elopement.

A phone interview was conducted on at 9:15 AM with Resident #1's Care , concerning the resident being away from the facility for at least 2 days without their medication. . The Care , stated that the resident needed their medication and being without it for 2 days put them at risk.

Class III