STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	03/01/2018
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

Amended report

An unannounced licensure complaint survey, CCR#2018002708, was conducted on , , and , at North Lake Retirement Home, License #7395. The allegation was substantiated. The facility had deficiencies at the time of the investigation.

This complaint survey was conducted in conjunction with a complaint revisit survey on the same dates.

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 complete Day 1 Adverse Incident Reports and a Day 15 Adverse Incident Report to the Agency for Health Care Administration as required for resident elopements, for 1 of 3 sampled residents (Resident #1).

The findings included:

1. Review of Resident #1's 'observation record' documented a late entry on that Resident #1 notified staff on that he was going out with friend for a week. The resident returned to the facility on , wearing the same clothes he left in on , and that he was dirty with overgrown hair. During the month the resident was gone, there was no attempt made to locate the resident and no adverse incident was reported. Review of documentation revealed the police came to the facility on , related to the Resident #1. There was no evidence an Initial Day 1 or a Day 15 Adverse report was submitted to the Agency after Law Enforcement was involved.

2. Review of the facility's documentation revealed Resident #1 eloped from the facility on . Further interview and record review revealed the resident had left the facility on a prior occasion and no Adverse Incident was reported. Review of the resident's Health Assessment, dated revealed a documented diagnoses of , , , , and Status Post Back and Leg .

Further review of documentation revealed it was noticed that on , Resident #1 was not in the facility at approximately 7:30 PM. Staff stated he was last seen in the dining approximately 7:00 PM. A search of the entire facility and the nearby neighborhood was conducted. Documentation review and review of the progress notes revealed there was no documentation of any notifications being made to law enforcement, emergency contact, case manager, or physician, and no initial Day I Adverse report submitted to the Agency. The Day I Adverse report was not completed and submitted to the State

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910716	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1222 NORTH 16TH AVENUE** **HOLLYWOOD, FL 33020**	

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

Agency for Resident #1 for the occurrence.

On , at approximately 3:55 PM, an interview with the administrator was conducted. He stated the facility did contact the law enforcement and the daughter. However, the facility had no documentation to indicate the notification was completed, as required.

Class III