STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **OUR HOME AT BEACON HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **141 KAELYN LANE** **PORT SAINT JOE, FL 32456**	

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

0000 - Initial Comments

An unannounced complaint survey was conducted at Our Home at Beacon Hill assisted living facility (license #10713) on to review the allegations in CCR#2018004201. Deficient practice was identified at the time of the survey.

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

Based on record review, staff interview and policy review, the facility failed to report an incident of resident to resident to the Department of Children and Families (DCF) for 1 of 1 sampled incident of resident to resident (resident #1 and #2)

The findings include:

Review of the facility investigation document dated revealed a resident to resident altercation between resident #2 and resident #1 on around 3 pm.
Resident #1 was sent to the hospital for a broken hip. Upon investigation it was found that the residents had finished Bingo, and resident #2 was looking through the Bingo prizes when resident #1 stated she could only have one prize. Resident #2 responded she was just looking. The Activities Director (AD) was present and intervened by explaining to both residents that only one prize could be chosen and that the residents were allowed to look through the basket. The AD then returned to clearing off the table. Resident #1 then removed the prizes from resident #2, which resulted in resident #2 pushing resident #1. Resident #1 backwards, hitting the corner of the dining and landed on the floor. The documentation did not indicate DCF notification of the incident.

An interview was conducted with the Administrator on at 12:06 PM. She stated she did not report the incident to DCF. She feels they overlooked the requirement to report as because the facility determined it was not an adverse incident.

Review of the facility policy and procedure regarding , neglect and , revealed the facility would report the , neglect, or , to the Department of Children and Family, Protection Services at 1-800-96- .

Class III