STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	**04/03/2018**
NAME OF PROVIDER OR SUPPLIER **HENDERSON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 E. ORANGE AVENUE** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

On , , 2018, an unannounced complaint # 2018004571 survey was conducted at Henderson House Assisted Living Facility (license # 6622), Eustis, FL. Deficient practice were identified at the time of survey.

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

Based on record review and interview, the facility failed to report an adverse incident to the agency for resident to resident battery (resident #1 and resident #2), requiring report of the incident to law enforcement and transfer of the resident (resident #1) to a unit providing more acute care.

Findings:

On , record review of the facility's incident log indicated that there was a resident to resident battery between resident #1 and resident #2, which required reporting the incident to law enforcement and transfer of resident #1 from the facility to a unit providing more acute care.

On , record review of Eustis Police Department report #E18032656 indicated that the police department was called by the facility at 8:24 PM on for battery. The incident was cleared with of resident #2.

At approximately 12:20 PM on , an interview was conducted with the administrator, who confirmed that the facility did not file an adverse incident report to the agency for the incident related to resident #1 and resident #2, stating: "We didn't report because we didn't have control over that. They were sitting in the common area. We have never seen any aggression."

Class III