STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968775	**09/06/2018**
NAME OF PROVIDER OR SUPPLIER **LA VIDA EN EL MAR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6802 ROSEWOOD CT** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . . , a complaint survey (CCR#2018013042) was conducted in conjunction with a second revisit to . . . . . complaint survey (CCR#2018001340) at La Vida En El Mar ALF (License #12627), an Assisted Living Facility located in Tampa, Florida. There were deficiencies identified during the survey.

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 a required report to the Agency (Adverse Incident Report) with when one resident (#8) left the facility without following procedures and reporting his whereabouts and subsequently suffered a and an ankle and was ultimately hospitalized under a , , . . . hold.

Findings included:

During an interview with the Administrator, on . . . . . , at approximately 07:30 a.m., he indicated that the Facility has did not have any elopements, and denied that any residents were Backer Acted from the Facility within six months prior to the date of survey, ...

During a interview with the Owner, on . . . . . at 12:30 p.m., the Owner confirmed that the Facility had no recordsfor Resident #8. Administrator stated that Resident #8 made his own decisions, and Resident #8 was not an elopement risk. Owner stated that Resident #8 was not Backer Acted and did not elope , nd the resident decided to leave the Facility with a family friend.

Review of the Facility's sign-in/sign-out log revealed that Resident #8's name was documented as signing in and out of the Facility from . . . . . to . . . . . . The last documentation by Resident #8 was signing out at 11:09 on in the morning. Despite multiple requests during survey, the Facility produced no records, notes or documentation for Resident #8.

Record review of hospital records dated on . . . . . for Resident #8 revealed that Resident #8 was to the Hospital on for active paranoia and , , symptoms, after spending several hundred dollars at a bar and law enforcement having to be called. . Case Manager notes, dated (18:14 hours), revealed that the Case Manager contacted the Facility Owner, who confirmed Resident #8 had resided in the Facility and " WHO WAS THE PERSON THAT INFORMED [Case

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Manager] OF ALL THE ISSUES AT INITIAL ALF THAT HE OWNED. HE STATES IF [Resident #8] OR HIS [Family Friend] CAN PRODUCE THE [money value intentionally omitted] THEY SAID THEY WOULD PAY FOR PRIVATE WAS OFFERED AND SUPPOSED TO PAY FOR INITIALLY, HE COULD TAKE HIM AT [other assisted living facility operated by Owner].

Review of the Agency's reporting system confirmed there was no report filed by the Facility regarding Resident #8, his elopement and injury or the report to law enforcement.

Class III