STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	R **12/13/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

0000 - Initial Comments

On [redacted] a revisit to a monitoring visit for resident well being was conducted. At the time of the visit, the facility had deficient practice.

Licence 12542

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review the facility failed to ensure 1 (#4) resident was appropriate for continued residency due to confirmed elopements and behavioral issues that put himself and others at risk.

Findings included:

During a review of Resident #4's record it was revealed that the resident continued to display concerning behavior by continuing to leave the facility without signing out or letting anyone know when he plans to return. Review of the record revealed multiple dates with notes regarding Resident #4 being away from the facility without notifying staff of his whereabouts.

The administrator stated at 9:05 AM on [redacted] that the facility has tried to stop Resident #4 from leaving the facility but when they do so, he becomes angry and on one occasion, threatened one of the staff with a knife. After that incident, law enforcement was notified and the resident was brefly hospitalized and returned to the faciltiy.
The police were called and they took the resident to the hospital. The doctor did not keep the resident and the resident was returned to the facility.

Class III