STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964459	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **CITRUS GARDEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4805 EAST LAKE DRIVE WINTER SPRINGS, FL 32708**	

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

0000 - Initial Comments

A complaint survey (2019000972) was conducted on . . . . . Citrus Garden ALF, Winter Springs (LIC#9138) had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed to identify and provide adequate supervision to a resident who was at risk for elopement based on her history of going out of the front gate for 1 of 1 residents (t#1).

Findings:

In a review of Resident#1's on , it revealed the resident was admitted to the facility on with a diagnosis of . . . . with behavioral disturbances and . . . . . In further review, staff notes confirm on , , and , the resident walked outside the facility towards the outside gate and had to be redirected . . . to the facility.

Upon arriving at the facility on . . . . . , this surveyor observed fencing around the property with the front gate open unlocked with no lock attachments on gate. On , Resident#1 was found by a Seminole Officer walking on the roadway, with no identification and was not able to recall where she lived. After being returned to the facility by the officer a staff person confirmed this was a common occurrence for Resident#1 to leave outside the gate.

In an observation on . . . . . , Resident#1 did not have any identification on her person.

On . . . . . at 10:00am the assistant administrator stated the facility is not a lock down facility and confirmed she was aware of the broken gate and was unclear when it would be repaired.

Class II

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on observation, record review and interview the facility failed to make a daily effort to determine that residents at risk for elopement have identification on their persons that included their name and the facility's name, address, and telephone numbers as required by 58A-5.0182 (8) FAC.

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

Findings:

In a review on of Resident#1's record it confirmed the resident was admitted to the facility on with a diagnosis of with behavioral disturbances.

Upon arriving at the facility on , this surveyor observed fencing around the property with the front gate open unlocked with no lock attachments on gate. On , Resident#1 was found by a Seminole Officer walking on the roadway, with no identification and was not able to recall where she lived. After being returned to the facility by the officer a staff person confirmed this was a common occurrence for Resident#1 to leave outside the gate.

In an observation on , Resident#1 did not have any identification on her person.

On at 10:00am the assistant administrator stated the facility is not a lock down facility and confirmed she was aware of the broken gate and was unclear when it would be repaired.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to ensure personnel records contained an Attestation of Compliance with Background Screening Requirements for 3 of 3 sampled staff, (Assistant Administrator, and Staff A and , B).

Findings:

Individual personnel record review for the Assistant Administrator, and Staff A and B revealed no evidence to confirm compliance with the requirement of the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, .

In an interview with the assistant administrator on at 11:00am, she confirmed the findings and added she was not aware it was a requirement.

Unclassified