STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969362	C **04/05/2019**
NAME OF PROVIDER OR SUPPLIER **ELAN BUENA VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5867 E COUNTY ROAD 466** **THE VILLAGES, FL 32162**	

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

0000 - Initial Comments

A complaint investigation (Complaint #2019000433) was conducted at Elan Buena Vista Assisted Living Facility on April 5, 2019. The facility had deficiencies at the time of the investigation.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log.

Findings:

A record review for Resident #1 and Resident #2 revealed no discharge documentation and the facility had no admission/discharge log available.

On 04/05/2019 at 3:22 PM, an interview was conducted with the Administrator, who confirmed no discharge documentation was available for Resident #1 and Resident #2 and no admission/discharge log was maintained by the facility. The Administrator stated that his business office manager was out and he could not get this information. He stated that he couldn't recall why Resident #1 was discharged but would read and let us know. He stated he believed he was a safety concern for himself as well as the other residents. He stated he believed Resident #2 was discharged due to change in condition.

Class III