STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968426	R 04/17/2019
NAME OF PROVIDER OR SUPPLIER **LA COLONIA II ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **637-639 SE 12TH CT** **CAPE CORAL, FL 33990**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on at La Colonia II Alf, Inc., an assisted living facility in Cape Coral, Florida.

This was a follow-up to complaint survey #2019001180 completed on .

The following is a description of the deficiency found at the time of the visit.

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

Based on record review, review of the policies and procedures and staff interview, the facility failed to maintain documentation of a detailed policy and procedure for responding to a resident's elopement. The facility failed to ensure 1 (Resident #3) of 1 resident identified at risk for elopement, maintained identification on his person with information necessary to contact the facility in case of an elopement. The facility failed to have documentation of the required elopement prevention and response drills.

The findings included:

1. The facility's elopement policy (not dated) indicated "All employees will be trained on the policy and procedures in the event there were to be an elopement or of a resident. Facility will have a photo identification of at-risk residents on file that is accessible to all facility staff and law enforcement as necessary. All facility staff will be provided a copy of the facility's resident elopement response policies and procedures."

The policy and procedure was not detailed and did not include provision for an immediate search of the facility. The policy did not identify staff responsible for implementing each part of the policy, including specific duties and responsibilities. The policy did not specify staff responsible for contacting law enforcement, the resident's family or responsible party.

On at 10:10 a.m., the Office Assistant said she is working on developing a more comprehensive elopement policy. She said she is looking at several templates but has not decided on which one the facility will adopt.

2. Review of the clinical record for Resident #3 revealed an adverse incident dated indicating the Resident left the facility unsupervised in . A search of the facility was done and the police were contacted.

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There was no evidence at the time of the survey the facility attempted to provide Resident #3 with an identification to maintain on his person with the required information to assist in case of or elopement.

On at 10:10 a.m., the Office Assistant said she has been looking into an identification bracelet for the resident but has not been able to find one. She said the facility has not tried to provide the resident with an identification card to keep on his person, like in his wallet. She said she will try and do that.

3. On at 10:10 a.m., the Office Assistant said she could not locate documentation of elopement drills and could not remember the last time a drill was conducted. She said the person who maintains the documentation of the drills was not available therefore she could not offer any additional information .

Class III