Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968426	A. BUILDING: _____ B. WING _____	R 07/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA COLONIA II ALF INC	637-639 SE 12TH CT CAPE CORAL, FL 33990

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments An unannounced revisit survey was conducted on [redacted] at La Colonia II Alf Inc, an assisted living facility in Cape Coral, Florida. This was the second follow-up to complaint survey #2019001180 completed on [redacted]. The following is description of the deficiency found at the time of the visit.	{A 000}		
{A 032}	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of	{A 032}		

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{A 032}	Continued From page 1	{A 032}		

all residents assessed at high risk for elopement at all times.
2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.
(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:
1. An immediate search of the facility and premises,
2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,
3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,
4. The continued care of all residents within the facility in the event of an elopement.
(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.

429.41(1)(a)3 & 3(l),FS
3. Resident elopement requirements.-Facilities are required to conduct a minimum of two resident elopement prevention and response

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{A 032}	Continued From page 2 drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures. (I) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure all direct care staff participated twice a year in an elopement drill as required. The failure to properly train staff on elopement prevention and response has the potential for a negative resident outcome in case of an elopement. The findings included: On at 9:05 a.m., during an interview the office assistant said the facility currently employs 3 direct care staff. Review of the employee roster revealed Direct Care Staff A had a hire date of , Direct Care Staff B was hired on , and Direct Care Staff C started employment at the facility on . Review of the facility's elopement/missing resident drill forms revealed the most recent drill was conducted on . The form lacked documentation of Direct Care Staff B's	{A 032}		

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{A 032}	Continued From page 3 participation. The form was signed by the Administrator. The elopement drill conducted on lacked documentation of Direct Care Staff A's participation. On at 9:15 a.m., the office assistant said although the drill conducted on bore the administrator's signature, he did not participate. She said she was not aware all direct care staff and the administrator were required to participate in each drill. She said she will complete another drill to complement the one conducted on and ensure the participation of all direct care staff and the administrator. Class III	{A 032}		