STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	R 07/15/2019
NAME OF PROVIDER OR SUPPLIER **A PLACE LIKE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1971 PORT MALABAR BLVD** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

A 3rd revisit to the relicensure survey was conducted on . . . . at A Place like Home, Palm Bay. A deficiency was 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 and interview, the facility failed to make a daily effort to determine that of 1 of 3 sampled residents (#1) who are at risk for elopement had identification (ID) on their person that included their name and facility name, address and telephone number.

Findings:

Observation made on at 12pm revealed Resident#1 did not have ID on her person.

In a record review on of Resident#1's 1823, dated , indicated that she was an elopement risk.

At 12:30pm the administrator confirmed the findings and stated the facility determined that Resident#1 was no longer an elopement risk because her medications were changed, and she has calmed down. She stated the health care provider was not contacted to assess and assist in determine the resident's current elopement risk status.

Class III