

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968235	(X3) DATE SURVEY COMPLETED 08/15/2019
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint investigation, 2019006516, was conducted on _____, at Discovery Village Assisted Living Facility in Melbourne, Florida. Deficient practice was found at the time of the complaint investigation. 0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(l) Based on record review, interviews and observation, the facility failed to ensure the safety of four of four residents (Resident #1, #2, #3 and #4) by ensuring the residents, identified as high-risk elopement, had identification on their person. Findings include: On _____, in a record review of the facility census, the census documented Resident #1, #2, #3 and #4, were high-risk of elopement, living in the Memory Care Unit. On _____, at 11:02 AM, in an interview with Staff F, Staff F stated she worked in the Memory Care Unit. Staff F stated, "none" of the residents that are elopement risk have identification on them. On _____, in resident record reviews the following was found: " Resident #1 had a signed 1823 AHCA health assessment (1823), dated _____, which documented Resident #1 was recommended for Memory Care and had a diagnosis of _____. " Resident #2 had a signed 1823 dated _____, which documented Resident #2 as an elopement risk and exit seeking. " Resident #3 had signed 1823 dated _____, the file indicated the facility felt he was an elopement risk. " Resident #4 had a signed 1823 dated _____, the assessment documented Resident #4 as an elopement risk. On _____, at 11:45 AM, in observation of Resident #1, #2 and #3, it was observed none of the residents had personal identification which provided their name, the name of the facility and contact information, if the resident had eloped. Resident #4 was not available for observation. On _____, at 2:15 PM, in an interview with the administrator, the administrator stated he would address the agency concerns.		

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Class III		