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
	AL11969703	A. BUILDING: _____ B. WING _____	R 12/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIANA OF SARASOTA	2630 UNIVERSITY PARKWAY SARASOTA, FL 34243

(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 ..... at Liana of Sarasota, an assisted living facility in Sarasota, Florida. This was a follow-up to the complaint survey #2021008842 completed on ..... . The following is a description of the deficiency found at the time of the visit. .	{A 000}		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) 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 59A-36.006(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 59A-36.011(10)(a) or (c),	A 032		

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A 032	Continued From page 1 F.A.C., must be generally aware of the location of 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 Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop policies to ensure all staff members were aware of 3 of 3	A 032		

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A 032	Continued From page 2 residents (Resident #1.#2, and #3) who were at risk for elopement and assessed as being at risk. Facility failure to ensure each at risk resident had identification on their person with the resident's name, and the Facility's name, address, and phone number. The findings included: Record review of the facility policy on elopement #A0147 effective . . . . shows no documentation of how residents are assessed as an elopement risk and how staff identify which residents in the building are an elopement risk. The policy says nothing about ensuring residents at risk for elopement have identification on their person. Record review of Resident #1, #2, and #3's 1823 shows the residents are at risk for elopement. Record review of an "Elopement Risk Assessment" (ERA) dated shows Resident #1 as a high risk for elopement. Record review of the ERA form dated . . . . . shows Resident #2 shows the resident is a risk for elopement. Record review of the ERA Form dated shows Resident #3 is a high risk for elopement. Interview on at 10:42 a.m., Staff B did not identify Resident #3 as being a risk for elopement. Interview on at 10:49 a.m., Staff I did not identify any resident in the facility as a risk for elopement. Interview on at 11:03 a.m., the Activities	A 032		

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A 032	Continued From page 3 Director did not identify Resident #3 as being a risk for elopement. Interview on at 11:09 a.m., Staff A did not identify any resident in the facility as an elopement risk. Interview on at 11:20 a.m., the Executive Director (ED) identified Resident #1, and #2 as being an elopement risk. She did not identify Resident #3 as a risk for elopement. On at 11:25 a.m., Resident #2 was observed to have no identification on her person. This was verified by the ED. On at 11:30 p.m., Resident #1 and Resident #2 were observed to not have identification on their person. Interview on at 1:00 p.m., the ED verified there was currently no system in place to ensure residents at risk for elopement had identification on their person. Class III	A 032		