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
	AL11911216	A. BUILDING: _____ B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 complaint survey for #2024000039, #2024007131, #2024008120, & # 2024009845 was conducted on through at Brookdale Sarasota Midtown, an assisted living facility in Sarasota, Florida. Complaint # 2024000039 was substantiated. Complaint # 2024007131 was not substantiated. Complaint # 2024008120 was not substantiated. Complaint # 2024009845 was not substantiated. The following is a description of the deficiency. .	A 000		
A 032 SS=D	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	A 032		

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A 032	Continued From page 1	A 032		

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), 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:

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A 032	Continued From page 2 Based on record review, and interview, the facility failed to ensure that 18 (Staffs A, B, C, D, E, F, G, H, I, J, L, M, N, O, P, Q, R) of 35 staff reviewed, participated and had documentation of at least 2 resident elopement drills per year to prevent the elopement of 3 (Residents #1, #5, #8) of 3 residents reviewed. The findings included: Record review of the facility incident log showed memory care unit Resident #1 eloped on [redacted] while attending church group in the lobby and was found at a church down the street by staff 50 minutes after she was last seen. Record review of the facility incident log showed Resident #5 eloped on [redacted] from the memory care unit and was found 10 minutes later at a building next to the community. Record review of the facility incident log showed Resident #8 eloped on [redacted] and was found by police who said that she was lost. She returned to the facility 2 hours and 20 minutes later. During an interview on [redacted] at 10:45 a.m., the Health and Wellness Director said that she wasn't sure how she was going to provide a list of residents identified as an elopement risk. During an interview on [redacted] at 3:05 p.m., the Receptionist said that there was no elopement book at the front desk to identify residents at risk of elopement. Record review of the Associate Roster and Missing Resident Drill Forms showed the following staff did not have the minimum requirement of elopement drills:	A 032		

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A 032	Continued From page 3 a. Caregiver Staff A showed a hire date of . . . . . There was documentation of only participation in elopement drills on and . . . . . b. Caregiver Staff B showed a hire date of . . . . . There was documentation of only participation in elopement drills on . . . . . c. Medication Technician (MT) Staff C showed a hire date of . There was documentation of only participation in elopement drills on . . . . . d. MT Staff D showed a hire date . . . . . There was documentation of participation in elopement drills only on . . . . . and . . . . . e. RN Staff E showed a hire date of . . . . . There was no documentation of participation in elopement drills. f. Health and Wellness Coordinator Staff F showed a hire date of . There was no documentation of participation in any elopement drills. g. MT Staff G showed a hire date of . There was no documentation of participation in any elopement drills. h. MT Staff H showed a hired date of . There was documentation of participation in only one elopement drill on . i. LPN Staff I showed a hire date of . There was no documentation of participation in any elopement drills. j. Caregiver Staff J showed a hire date of	A 032		

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A 032	Continued From page 4 . . . . . There was documentation of participation in an elopement drill on . k. MT Staff L showed a hire date of . There was documentation of participation of elopement drills only on and . l. MT Staff M showed a hire date of . There was documentation of participation of elopement drills only on and . m. MT Staff N showed a hire date of . There was documentation of participation of elopement drills only on . n. Caregiver Staff O showed a hire date of . . . . . There was no documentation of participation in any elopement drills. o. LPN Staff P showed a hire date of . There was no documentation of participation in any elopement drills. p. Caregiver Staff Q showed a hire date of . . . . . There was docuemtnatio of participation in elopement drills only on and . q. Clare Bridge Program Manager Staff R showed a hire date of . . . . . There was no documentation of participation in any elopement drills. Class III	A 032		