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
	AL11969174	A. BUILDING: _____ B. WING _____	R 05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA COMMUNITY HEALTH CENTER LLC	1351 N KROME AVE HOMESTEAD, FL 33030

(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 A revisit to a re-licensure survey was conducted at New Era Community Health Center on . Deficiencies were identified at the time of the survey.	{A 000}		
{A 004} SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property"	{A 004}		

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{A 004}	Continued From page 1	{A 004}		

means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter.
(5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C.
(6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have an updated and approved fire inspection report reviewed annually.

Findings Included:

A review of the facility fire inspection dated showed a reinspected Notice of Violation ( ) for failure to provide a secondary means of escape created on .

Interviewed on at 12:50 PM the Owner stated, "they provided us with an

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{A 004}	Continued From page 2 extension." Class III	{A 004}		
{A 030} SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of	{A 030}		

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{A 030}	Continued From page 3 its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	{A 030}		

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{A 030}	Continued From page 4	{A 030}		

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both

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{A 030}	Continued From page 5 are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a	{A 030}		

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{A 030}	Continued From page 6 facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman	{A 030}		

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{A 030}	Continued From page 7 Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that residents were being treated with consideration and respect, recognizing their personal dignity, individuality and the need for privacy for five out of 60 sampled residents (#38, 40, 55, 56, and 60). Staff were waking residents (#39, 40, 55, 56, and 60) as early as 4:00am to provide them with their medications, change their sheets and bathe them. Staff were not knocking before entering resident's (#2, 7, 8, and 59) rooms. The blinds in resident's (#2, 7, 57, and 58) rooms were broken	{A 030}		

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{A 030}	Continued From page 8 and did not provide privacy while residents were changed. Staff were using resident monies (#38) to make purchases without documentation what the money was being used for and did not have receipts for the purchases. Findings included: 1) Observation on at 4:15 AM showed that facility staff were in Resident # 55 and #56's room. One of the residents was sleeping and staff were bringing in a laundry cart. Observation on at 4:40 AM showed staff was not assisting Resident # 40. Resident was sitting in his bed in his underwear with his down. Resident # 40 on the floor when he attempted to stand from the bed. Staff were in the room assisting another resident when the resident . During an interview on at 11:10 AM Resident #60 stated that staff would wake him up at 4:00 AM to give him his medications. He stated that he was used to it but would prefer not to be woken. During an interview on at 11:22 AM Resident #38 stated that staff would wake him up early for his medications. 2) Observation on at 4:20 AM showed Staff C (Team Leader) entered Resident #8 and 59's room without knocking. Observation on at 4:23 AM showed Staff C entered Resident #2 and 7's room without knocking.	{A 030}		

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{A 030}	Continued From page 9 During an interview on at 1:00 PM The Owner stated that he knocked on all the rooms that he entered and did not know why staff were not knocking. 3) Observation on at 4:23 AM showed that in Resident # 2 and #7's room that blinds were broken, and that resident could be seen sleeping. Observation on at 4:38 AM showed that in Resident #57 and #58's room the blinds were broken, and staff could be observed in the room with the residents. During an interview on at 1:00 PM The owner stated that every time the facility put up new blinds that resident would break them. 4) During an interview on at 11:40 AM The Owner stated whenever he gave the residents their optional state supplement money ( ) and the Residents would spend it right away. The Owner stated that the residents would ask either himself, the Administrator or the Activity Coordinator to go buy them items with the money. A review of Resident #38's progress notes showed that the resident would give the activity coordinator money to purchase goods for him on various occasions. However, the progress note did not show how much the goods would cost and how the funds were used. During an interview on at 11:50 AM The Owner stated that he did not keep receipt for	{A 030}		

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{A 030}	Continued From page 10 the purchases made with the resident's money. The Owner further stated that the residents knew how much the items were and the resident don't forget when we owe them money. Class III	{A 030}		
{A 078} SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	{A 078}		

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{A 078}	Continued From page 11 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure two out of 18 sampled staff (Staff C and Staff N) were qualified to perform their assigned duties consistent with their level of education, training and experience.	{A 078}		

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{A 078}	Continued From page 12 Findings Included: 1) Interviewed on at 5:46 AM Staff C stated that she would give to a resident who was choking and would not stop until the food was removed. According to the American Red Cross the proper procedure to administer first aid to a chocking victim is, "1. Position self to the side and slightly behind the choking person. a. For a small child, you may need to kneel behind them rather than stand. 1. Give 5 blows. a. Use the heel of the to strike between the blades. 2. If no improvement, have the person stand up straight. 3. Move behind the person; bend your slightly for balance and support. 4. Give 5 thrusts. a. Pull inward and upward each time. 5. Continue giving 5 blows and 5 thrusts. a. Continue until the person can , cry or speak or becomes unresponsive." A review of the employee personnel records showed Staff C was hired on and had current First Aid and training on record expired on . 2) During an interview on at 5:29 AM Staff N (Caregiver/ Housekeeper) stated that she did not know what a ' ' ( ) order was.	{A 078}		

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{A 078}	Continued From page 13 According to the Department of Health, "A ( ) is a form or patient identification device developed by the Florida Department of Health to identify people who do not wish to be in the event of , or ." The form authorizes withholding measures, including , , , and in the event of or , . A review of the employee personnel records showed Staff N was hired on and had current training dated . Class III	{A 078}		
{A 152} SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable	{A 152}		

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	AL11969174	A. BUILDING: _____ B. WING _____	R 05/28/2026

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{A 152}	Continued From page 14 to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe living environment that was free of hazards for residents. Findings include: An observation on at 4:17 AM revealed that there were multiple flies in the corridor hallway near the kitchen. (Photographic evidence obtained) An observation on at 4:22 AM revealed that in Resident #2 and Resident #7's room, there was a broken closet door and broken and missing window shades. An observation on at 4:30 AM revealed that there was a door propped on the wall in the corridor located near the employee	{A 152}		

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{A 152}	Continued From page 15 lockers. Further observation revealed that the door was not secured. During an interview on at approximately 4:30 AM, the Owner stated that the door could not on anyone. An observation on at 4:32 AM revealed that there was what appeared to be a moth, located on the floor in the corridor hallway near the kitchen. An observation on at 4:38 AM revealed that the blinds were broken in Resident #57 and Resident #58's room. During an interview on at approximately 1:00 PM with the Owner, when informed of the multiple rooms with broken blinds he stated that the residents would break the blinds every time they would put new ones in. Class III	{A 152}		
{A 182} SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by:	{A 182}		

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{A 182}	Continued From page 16 Based on interview and record review the facility failed to ensure that three out of 18 sampled staff were trained in their responsibilities for the implementation of the emergency management plan. Staff were unable to identify the emergency sheltering locations or the facility census to account for the residents during an emergency. Findings include: 1). During an interview on at 6:14 AM with Staff C (Caregiver/Supervisor) she was asked if a fire broke, where the residents would be relocated to if they were not allowed inside the facility. She stated that she would keep them in the yard until the Administrator made a decision. During an interview on at 6:25 AM with Staff L (Caregiver/Housekeeper), she was asked what steps she would take if there were a fire and the residents needed to be evacuated. She stated that she would take all the residents out of their rooms with the help of the supervisor and the Administrator and then take them to the backyard which was a safe place outside. She further stated the safe place would be like in a hospital here in [] or if not somewhere else. When asked if she knew the names of the safe places, she stated, "at this moment I do not remember." During an interview on at 6:31 AM with Staff K (Caregiver/Housekeeper), she was asked what steps she would take if there were a fire and the residents needed to be evacuated. She stated that she would take the residents out, get them out of bed, put them in a wheelchair and evacuate. When asked where the residents would be relocated to if they were not allowed	{A 182}		

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{A 182}	Continued From page 17 inside the facility, she stated they would wait outside and wait for orders where they should go. 2). During an interview on at 4:12 AM, Staff C stated that she was in charge at the moment. When she was asked what the census was, she stated that there were 127 total residents with eight in the hospital. A review of the census revealed that there were 129 total residents admitted. Class III	{A 182}		
{A 165} SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ;	{A 165}		

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{A 165}	Continued From page 18 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially	{A 165}		

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{A 165}	Continued From page 19 involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on Record Review and Interviews, the facility failed to report adverse incidents with the Internal risk management and quality assurance program. The facility failed to provide within one (1) day a preliminary report to the agency for three out of 60 sampled residents (#1, 21, and 38). Finding included:	{A 165}		

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{A 165}	Continued From page 20 A review of agency's incident reporting system (AIRS) shows that the last adverse incident reported was on . There was no incident for Resident # 1. During an interview on at 9:20 AM The Owner stated that he did not know that he had to file the adverse incident. A review of the facility's incident log showed that there were no incidents. A review of resident # 21's progress notes showed that on the resident was visiting his brother and left the facility with permission. The record also reflects that the resident did not want to live at the facility and removed that facility as his social security payee. The progress notes did not mention that police were called and that the resident left with permission by jumping the fenceline. During an interview on at 9:30 AM the Owner stated that police were called when they lost communication with Resident #21. The Owner state that the Resident #21 left the facility by going under a chain-link fence and jumping the perimeter fence. The Owner further stated that the facility left with another resident [#38]. The owner stated that police were called because they were worried about Resident # 21 and #38 wellbeing. A review of Resident # 38's progress notes showed that he also left the facility with permission. A review of the facility elopement policy and procedures showed that when a resident was on a pass (an absence with permission), provided an expected return date, does not return on that	{A 165}		

Agency for Health Care Administration

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{A 165}	Continued From page 21 date, and if their whereabout were not determined the facility would notify law enforcement. A police report would be obtained and placed in the resident chart, and an Adverse report on AIRS would be filed by the administrative staff within one business day from the day the matter was sent to the police for investigation. Class III	{A 165}		