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
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 (#2026011760, 2026010150, 2026006830 & 2026008388) survey was conducted on - at The Palms At Plantation. The facility had deficiencies related to Complaint #2026008388 & 2026010150 at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to maintain awareness of resident whereabouts, failed to maintain resident safety, and failed to document significant changes in residents' status that necessitated a change in care in 4 of 7 sampled residents (Resident #2, Resident #5, Resident #6, and Resident #7). The findings included: 1) A review of the record for Resident #2 revealed the following:	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 025	Continued From page 2 A Resident Health Assessment (AHCA form 1823) dated and completed by a healthcare provider that listed Resident's medical diagnoses as . It listed Resident's status as periods. It rates Resident as Yes for elopement risk. 2) A review of the record for Resident #5 (Date of Admission) revealed the following: A Resident Health Assessment (AHCA form 1823) dated and completed by a healthcare provider that listed Resident's medical diagnoses as, and . It listed Resident's status as memory/ limitations without behavioral disturbance. It rated Resident as yes for elopement risk. 3) A review of the record for Resident #7 (Date of Admission) revealed the following: A Resident Health Assessment (AHCA form 1823) dated and completed by a healthcare provider that listed Resident's medical diagnoses as . It listed Resident's status as /disoriented/occasional . It rates Resident as no for elopement risk. In an interview on at approximately 11:35am, Staff E (Caregiver) stated elopements generally happen in the evening and identified two recent elopements. Resident #5 who she stated eloped last month and didn't get far and Resident #7 who she did not have detail on but stated she was told it happened in the evening. In an interview on at approximately 11:50am, Staff C (Memory Care Director) stated there had not been any elopements in the last two months. When asked specifically about Resident	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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	Continued From page 3 #5 and Resident #7 she denied either having left the facility or attempted elopement. When asked about the issue with the door to the Memory Care Unit staying open for a time period after being opened by staff, she confirmed that it remained open and would reopen if someone steps near it for awhile after the code had been entered. In an interview on at approximately 12:00pm with the Administrator, he identified there are two residents in the assisted living portion of the facility but stated there are no elopement risk residents. He identified Resident #2 as one of the two residents. In an interview on at approximately 10:30am with Staff D (Director of Dining Services) when asked if there is ever communication to dining staff about a resident being at risk of elopement, Staff D stated there is sometimes communication between his staff and nursing upon intake. He further stated he was aware the night security staff had identified Resident #2 as a resident to keep an , on regarding elopement. When asked how he became aware of the risk, he stated there is a communication log that's held at the front desk and it's critical. When asked about specific protocols or plans to follow regarding an identified elopement risk resident he stated there was none that he was aware of, but that he and his team were just made aware as they do not provide supervision. In a confidential staff interview on at approximately 11:10am Staff G was asked about a Record log maintained at front desk. Staff G confirmed the existence of the log and allowed this Surveyor to take it for review.	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 025	Continued From page 4	A 025		

A review of the Record log revealed the following entries:

3pm - 11pm - #420 Resident eloped from MC. Resident came to the AL front desk and said he wanted to donate a TV to the students. Resident was escorted to the MC. Reference incident report provided. (Resident #7's name given).

11pm- 7am. (Initials of writer). Quiet Night but the 15 sec lock needs to be taken off the doors because many of the MC patients have sense and they wait till nurse leave site to sit and push door and wait for it to unlock (Resident #5's name given) was in Employee Lounge saying he has to go outside to fix on car doors need to be locked overnight or as soon as second shift leaves.

On at approximately 1:30pm, this Surveyor observed the employee lounge was located in the Assisted Living part of the facility behind the kitchen and dining area and outside of the secured Memory Care Unit.

In an interview on at approximately 11:40am, the Administrator confirmed that Security personnel are through an outside provider, but they collaborate with facility staff. He provided the names of the two security staff and their schedules. The names he provided matched initials used in the Record log.

In an interview on at approximately 1:40pm Staff B (Facility nurse) stated he was not aware of any elopements or elopement attempts from Resident #5 or Resident #7. This Surveyor showed Staff B the Record log from the front desk and its entries about both events. Staff B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 025	Continued From page 5 stated he had never seen the Record log. In an interview on at approximately 2:00pm Staff C identified there had been another elopement she had not previously mentioned. Staff C stated that approximately 8 to 9 months ago Resident #6 was left unescorted in the salon in the Assisted Living part of the facility. Resident #6 exited the facility through the door and re-entered through the front door. When asked, Staff C again stated there had been no elopements with Resident #5 or Resident #7. This Surveyor described events as documented in Record log for both Resident #6 and Resident #7. Staff C stated she had no knowledge of the occurrences and further stated there must have been a complete breakdown in communication. In an interview on at approximately 3:00pm the Administrator brought in incident reports from both electronic medical record systems that the facility had used over the last 12 months. He confirmed the documents provided to be a complete record of all incident reports for the time period. A review of the incident reports revealed no reports of an elopement for Resident #5, Resident #6, or Resident #7. In a confidential staff interview on at approximately 3:00pm, Staff H reviewed the Record log. Staff H identified their handwriting and confirmed they wrote the documentation on page 173 titled 3pm - 11pm. When asked to provide additional information, Staff H stated they remembered the event distinctly. Staff H stated they were walking to the front desk from the north side of the building, glanced at the cameras and could see Resident #7 walking	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 025	Continued From page 6 around a car. They stated Resident #7 was walking around a vehicle looking at it and eventually entered the lobby. Staff H stated the person was not known to them by . They stated Resident #7 said he had some televisions and books he wanted to donate to the school. Staff H stated they told Resident #7 they would have to take his information and have someone get to him. Staff H stated Resident #7 gave their name and they realized then Resident #7 was a resident. Staff H stated they walked Resident #7 to the Memory Care Unit and said to a staff member Resident #7 was at the front desk. Staff H stated they completed a paper incident report and communicated the event directly to the Administrator. On at approximately 4:00pm in an interview with the Administrator, concerns regarding supervision of residents, , those at risk for elopement, were identified. No additional information was provided. Class III	A 025		
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	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 7 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), 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	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 8 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, it was determined that, the facility failed to maintain awareness of residents at risk for elopement, failed to ensure elopement risk residents were wearing identification, failed to effectively train staff on elopement procedure and elopement drills as required. Cross-reference A0025. The findings included: Review of the facility's Elopement policy, titled Elopement/Missing Person (undated), Department: Memory Care revealed as follows: Policy: Staff will respond immediately with emergency procedures when a resident has been identified as missing. Procedure: 1.The Director of Memory Care will develop and maintain a current listing of all residents identified as ˽ risks. 3.The staff will be routinely alerted as to the individual residents who have been identified to be at risk via service plan, communication	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 9 records and shift change report. 4. Full bodied photos for each resident will be maintained on file along with each resident's emergency phone numbers such as physicians and family. 5. An additional resident photo is confidentially maintained at the reception area. Front office / reception staff should be familiar with Residents and utilized the photo for easy identification if residents to main area. 6. Routine checks are made by staff to account for resident whereabouts: a. once each hour during each shift. b. At each change of shift. 8. Elopement drills will be conducted quarterly and documented. Secured Units and delayed Egress 1. Staff will immediately respond to door alarms or other monitoring /alert system In an interview on at approximately 10:00am, Staff C (Memory Care Director) was asked to provide a list of residents who were exit seekers or at risk for . At that time, she stated that the Memory Care Unit (MCU) did not have any residents identified as risks. On , Resident #1 eloped from the Memory Care Unit (MCU), where she resided. A review of Resident #1's record revealed the following: The Resident Health Assessment (AHCA Form 1823), completed by a healthcare provider, listed the resident's medical diagnoses as , , , , , , and .	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 10 It listed the resident's status as and indicated yes for elopement risk. In an interview on at approximately 11:30 am, Staff C stated Resident #1 was last seen at approximately 6:45pm. Resident #1 was reported to have been seen near the front main door (first set of electronic doors on the north side of the building) of the MCU by Staff I (Medication Technician). At approximately 7:30am, Staff B (Facility Nurse) received a call from the front desk/receptionist informing her that the MCU door was dislodged from its tracks and was open. At that time, the former Maintenance Director was called to repair the door. Staff C stated she received a call from the Administrator informing her that the door was open. She further stated she contacted Staff J (Caregiver) to activate the elopement protocol. Staff C reported that confirmation was received from staff that Resident #1 had eloped. When asked how staff knew, she stated that the front desk houses the camera monitoring system, and footage revealed that the resident had pushed the main entrance electronic door, causing the glass door to come off its track and creating an opening. This surveyor asked Staff C why the second set of electronic doors that lead to the parking lot (north side of the building) was unlocked. Staff C stated the door is supposed to be closed by 7:00pm. unless a family member is visiting after 7:00pm, in which case the door would remain open. She was unable to confirm whether a family member was present after 7:00pm on the day of the incident ( ), and a review of	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 11 the facility's MCU visitor log revealed no documentation of visitors after 7:00pm. In an interview on at approximately 12:30pm, Staff C was asked why staff in the MCU did not follow the elopement protocol as soon as they learned that the main entrance door to the unit was open (the electronic door was dislodged from its track) and were aware that Resident #1 had a history of risk. She acknowledged the findings. In an interview on at approximately 11:35am when asked about the process to follow in the event of an elopement, Staff E (Caregiver) stated they have to keep on the residents and keep everyone together. When the alarm door goes off, all staff are to run to check. When asked about elopement drills, Staff E stated that Staff C (Memory Care Director) just told us what to do and try to redirect, but if the residents are out of the building call for help and run to hold them. Call Staff C first and then 911. In an interview on at approximately 11:45am, Staff F (Caregiver) stated that the process to follow in elopement is when the alarm goes off, we know to run to the door. When asked about elopement drills, Staff F stated it was a stand up, walk around the facility training showing us what to do. In an interview on at approximately 12:00pm with the Administrator, he identified there are two residents in the assisted living portion of the facility but stated there are no elopement risk residents. He identified Resident #2 as one of the two residents. In an interview on at approximately	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 12 1:15pm, Staff B (Facility Nurse) stated there has never been an elopement drill at the facility in which a resident or stand in has been hidden and then searched for. He stated that the Maintenance Director had been responsible for the drills before his recent departure but believes there is room for improvement in training and stated specifically that room checks are not completed because staff do not know how to do them. In an interview on at approximately 10:30am when asked about specific protocols or plans to follow regarding an identified elopement risk resident Staff D (Director of Dining Services) stated there were none he was aware of, but that he and his team do not provide supervision. When asked about elopement drills he stated he and his staff do participate but it has been a couple of months at least since the last one. When asked about the drill itself he stated that it was an in-service where the process of how to address an elopement is discussed. He stated that it is mainly to educate the Directors and Managers, if you hear the door alarm this is what you do. He stated it is not an active training and does not include research. He stated it is just educational. In a confidential staff interview on at approximately 11:10am Staff G was asked about a Record Log maintained at front desk. Staff G confirmed the existence of the log and allowed this Surveyor to take it for review. A review of the Record Log revealed the following entries: 3pm - 11pm - #420 Resident eloped from MC. Resident came to the AL front desk and said	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 13	A 032		

he wanted to donate a TV to the students. Resident was escorted to the MC. Reference incident report provided. (Resident #7's name given).

11pm- 7am. (Initials of writer). Quiet Night but the 15 sec lock needs to be taken off the doors because many of the MC patients have sense and they wait till nurse leave site to sit and push door and wait for it to unlock (Resident #5's name given) was in Employee Lounge saying he has to go outside to fix on car doors need to be locked overnight or as soon as second shift leaves.

In an interview on at approximately 11:40am, the Administrator confirmed that Security personnel are through an outside provider, but they collaborate with facility staff. He provided the names of the two security staff and their schedules. The names he provided matched initials used in the communication log.

On at approximately 1:30pm, this Surveyor observed the employee lounge is located in the Assisted Living part of the facility behind the kitchen and dining area and separate from the secured Memory Care Unit.

In an interview on at approximately 1:40pm Staff B (Facility nurse) stated he was not aware of any elopements or elopement attempts from Resident #5 or Resident #7. This Surveyor showed Staff B the Record Log from the front desk and its entries about both events. Staff B stated they had never seen the Record Log.

In an interview on at approximately 2:00pm Staff C (Memory Care Director) identified there had been another elopement she had not

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
	AL11970361	A. BUILDING: _____ B. WING _____	07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT PLANTATION	1019 S STATE ROAD 7 PLANTATION, FL 33317

(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 032	Continued From page 14 previously mentioned. Staff C stated that approximately 8-9months ago Resident #6 was left unescorted in the salon in the Assisted Living part of the facility. Resident #6 exited through the door of the facility and re-entered it through the front door. When asked, Staff C again stated there had been no elopement with Resident #5 or Resident #7. This Surveyor described events as documented in Record Log provided through confidential staff interview for both Resident #6 and Resident #7. Staff C stated she had no knowledge of the occurrences and further stated there must have been a complete breakdown in communication. In an interview on at approximately 3:00pm the Administrator brought in incident reports from both electronic medical record systems that the facility had used over the last 12 months. He confirmed the documents provided to be a complete record of all incident reports for the time period. A review of the incident reports revealed no reports of an elopement for Resident #5, Resident #6, or Resident #7. On at approximately 4:00 pm, in an interview with the Administrator, he was informed of concerns regarding the facility's elopement protocol not being followed when a resident is missing. Class III	A 032		