STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965474	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Wekiwa Springs	203 S Wekiwa Springs Road Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint Inspection #2014002156 was conducted on [redacted]. Emeritus at Wekiwa Springs had a deficiency found at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on observation, interview and record review the facility failed to ensure residents who were identified at risk at (AR) of elopement had identification (ID) on their person that included their name, the facility's name, address, and telephone number for 13 of 14 sampled AR residents.

Findings:

Interview with the Resident Care Director on [redacted] at approximately 10:30 AM revealed the residents in the Memory Care Unit (MCU) were identified as at risk of elopement.

Observation in the MCU on [redacted] at approximately 10:30 AM revealed for residents #1, 3, 5, 6, 7, 8, 10, 11, 13, 14, the elopement ID did not include the name of the facility. Resident #12's ID was not legible. Resident #2 and #9 did not have elopement ID on their person with the required information.

Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) with no date that stated [redacted] and [redacted]. Review of the 15 day adverse incident report revealed on [redacted] at 3:37 AM resident #1 was pretty independent, he went out the back door with no clothes on. The police found him and transported him to the hospital. The hospital called the facility and he was examined and returned. He currently resided in the MCU.

Interview with the RCD on [redacted] at approximately 2:30 PM who was not aware the resident did not have their IDs on or the IDs did not have the required information; she also stated the resident's IDs were checked every morning in the MCU.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Wekiwa Springs
203 S Wekiwa Springs Road
Apopka, FL 32703

RE: CCR #2014002156

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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