STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910091	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Lakeland	2111 Lakeland Hills Blvd. Lakeland, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced complaint survey, CCR#2014011780 and CCR#2014010662,was conducted on .

The Emeritus at Lakeland Assisted Living Facility had one deficiency found at the time of the visit.
The deficiency was for CCR#2014010662.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, record review and interviews, the facility failed to provide appropriate supervision for two (#2 & #3) of two residents sampled for elopements in the secured memory care unit.

Findings Include:

Observation of the memory care unit on revealed there were two very long hallways with a secured door at the end of each hallway which opened to the outside. There was another secured door which opened onto the driveway on the left side of the facility. There were two more secured doors which open to the inside of the assisted living section of the facility. The doors were observed on at 7: 45 a.m. to be alarmed and there is a keypad by each door to allow the alarm to be turned off. The secured doors could be opened if a resident leaned on the door for fifteen seconds. If the alarm does go off, the staff has fifteen seconds to keep the residents from going out of the doors.

Record review of resident #2 revealed her diagnoses were . She was independent in ambulation, (used rolling walker) eating and transferring. She was assisted with bathing, dressing, and toileting. She was at risk for . Resident #2 has been living in the secured unit of the facility since .

Staff #A in memory care stated on at 7:50 a.m., she was here on , the day resident #2 eloped from the facility. She stated she observed the resident's rolling walker in the dining the resident was not with it. She was going to the resident's a family member came in and said there was a person lying on the ground on the adjoining property in back of the facility. There was a space between the fence and the wall which allowed the resident in get onto the other property. I went out there and resident #2 was sitting on the bench on the other side of the fence. 911 was called and the ARNP was here and assessed her for any injuries. She had no injuries. Stephanie said that after an investigation by the facility, it was determined the resident went out of the side door of the memory care unit where the entertainers were bringing in their equipment for a musical show. The alarm had been while the equipment was being brought in.

Record review of resident #3 revealed has been a resident in the memory care unit since . He is diagnosed with progressive secondary to . He is assisted in all activities of daily living except eating where he is independent. He uses a wheelchair to get around by propelling it with his feet.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

The administrator stated on [redacted] at 1:00 p.m. that the one day adverse incident report was done and the facility is still doing their investigation of what happened. She was told by staff #B who was working that night on [redacted] she came out of a resident [redacted] doing care and heard the alarm going off. She went to the door and turned off the alarm. She looked down the long driveway which runs the full length of the facility and did not see anyone. She alerted the other two resident assistants, staff # D and staff #E, to search the unit and she went to the assisted living section of the facility and asked one of the other staff # C to go outside and look for a resident who was in a wheelchair and had left the memory care unit. She went back to the memory care unit to help find out who had eloped. Staff #C called on the walkie-talkie and said she had found the resident about a [redacted] from the facility in his wheelchair propelling himself down the sidewalk.

Staff # B had called the administrator and the nurse to tell them about the elopement. Both came to the facility. The resident care director assessed the resident. There were no injuries.

The staff in the memory care unit on [redacted] were interviewed on [redacted] by telephone between 3:30 p.m. and 4:15 p.m.. Staff #B was in a [redacted] a resident a shower and did not hear the alarm go off. Staff # D was passing out medication at the other end of the facility and did not hear the alarm. Staff #E was giving care and did not hear the alarm.

The facility needs 416 minimum staffing hours for the week for 64 residents. The facility has 5 direct care on first shift, 5 direct care staff on second shift and 3 direct care staff on third shift for a total of 728 hours. They do exceed the minimum of 416. The facility has 3 staff for the first and second shift in memory care and 2 staff for the third shift in memory care. There are 36 residents in the memory care unit and this would require 335 staffing hours for the week. The facility has 448 staffing hours for the week in memory care.

The facility has enough required staffing hours but they are not being used as effectively as they should be and this can be seen by two residents being able to elope from a secured memory care unit.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Emeritus At Lakeland
2111 Lakeland Hills Blvd.
Lakeland, FL 33805

RE: CCR #2014010662 & 2014011780

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on . 2015 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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