STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965054	**01/07/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTHDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 WEST BEARSS AVENUE** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018016849) was conducted at Brookdale Northdale on in conjunction with a biennial re-licensure survey with limited nursing services (LNS). Brookdale Northdale had a deficiency at the time of the investigation.

(License #9500)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview, and record review, the facility failed to maintain awareness of residents' whereabouts through assistance and activation of their security alarm system for one (Resident #6) of two residents sampled for incidents of elopement.

Findings included:

A review of resident records showed that Resident #6's health assessment dated indicated that the resident had a diagnosis of 's . A review of the facility's elopement risk policy, effective , stated that any resident who had a documented diagnosis of shall be considered at risk for elopement (photographic evidence obtained).

A review of Resident #6's record showed that the resident had eloped from the facility on . Records indicated that a bystander arrived to the community at 3:30 AM on and stated that they believed that one of the facility's residents was located outside. Staff C was on duty at the time, went outside, identified Resident #6, and brought the resident inside the facility. The records showed that the resident was then taken to a local hospital where it was discovered that they had suffered a and hematoma (in the) (photographic evidence obtained).

A phone interview was conducted with the power of attorney (POA) for Resident #6 on at 2:27 PM. The POA stated that they were alerted to the elopement by a phone call at 4:39 AM on and they subsequently entered the facility at 5:15 AM. The POA stated that staff indicated at that time that no one saw Resident #6 leave the facility and did not know when they left.

An interview was conducted with the health and wellness director (HWD) at 4:14 PM on concerning Resident #6's elopement. The HWD stated that they believed that Resident #6 had exited

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965054	**01/07/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTHDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 WEST BEARSS AVENUE** **TAMPA, FL 33618**	

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

through the front door on . The HWD stated that the front door is locked overnight so that people can't come in. They stated that once the door is armed (security system activated), staff members' pagers were alerted if the door was opened. The HWD was asked to demonstrate the security system.

The HWD and Staff E were observed attempting to activate the security system for the facility's front door at 4:30 PM on . All attempts made to activate the system by the staff members were unsuccessful. The Administrator was present during this demonstration and acknowledged that the staff's inability to arm the front door presented a resident safety issue.

Class III