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

An unannounced complaint survey (CCR 2013003104) was conducted on 2013. Pavilion Garden ALF had the following deficiency

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to assess residents at risk for elopement for 1 of 1 (#1) sampled residents. The facility failed to follow their elopement policies and procedures for 1 of 1 (#1) sampled residents.

Findings include:

The facility failed to report elopement to the agency.

Facility contains elopement policies on file and elopement drills which have completed. Record review on 17, 2013 at 10:45 a.m. found the 1 day incident report was not sent to the agency. The facility had not completed or filed an incident report for resident #1 who eloped in , 2013. The facility did not have a separate plan of action individually tailored to the resident's needs to avoid future reoccurrences of an incident. There were progress notes documenting this incident.

On 11, 2013 at 10:36 administrator stated; we didn't notify AHCA because we found the resident after two days and she has been doing well since returning. I was unaware of the requirement of immediately reporting the incident. We didn't have a written plan of action regarding the resident, however I notified the staff and the nurse to keep a close eye on the resident and immediately notify me of any incidents and from now on there will be a notification and a plan of action.

Class III
Administrator
Pavilion Gardens
71 W 30th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on __________, 2013 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 8/15/2013 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](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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

[Signature]

Arlene Mayo-Davis
Field Office Manager

AMD: sy
Enclosure
XG90