**STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<tbody>
<tr>
<td>AL11942726</td>
<td>03/18/2015</td>
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**NAME OF PROVIDER OR SUPPLIER**

<table>
<thead>
<tr>
<th>STREET ADDRESS, CITY, STATE, ZIP CODE</th>
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<tr>
<td>PAVILION GARDENS</td>
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<tr>
<td>71 W 30TH STREET</td>
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<td>HIALEAH, FL 33012</td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

*(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)*

**0000 - Initial Comments**

A Complaint Investigation (CCR# 2015002645) survey was conducted on . Pavilion Gardens had the following deficiencies at the time of the survey:

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

Based on interview and record review the facility failed to have written documentation that 2 of 7 (#1 and #2) facility residents expressed that they did not want to live at the facility prior to both resident leaving the facility without staff knowing their whereabouts. The facility also did have documentation that 2 of 7 (#1 and #2) facility residents' doctors and/or family members were contacted after the facility failed missing persons report with law enforcement.

Findings as follow:

On , at 11:00 a.m. phone interview with Staff C (by phone) who received Resident #1 at the facility on . Staff C stated, upon arrival, Resident #1 stated did not want to live in an ALF and started bothering the other residents. Staff C stated when returned to work after two days off, Resident #1 was not in facility.

On , Staff C stated Resident #2 also had expressed he did not want to live in the ALF. She stated they had to supervise the resident closely, all the time, because he liked to go out to the street in front of facility all the time.

Record review showed Residents #1 was admitted on  and Resident #2 was admitted on .

There were no documentation of residents expressing the desire to leave the facility and the facility action plan, including the residents' assessment for elopement risk, an the developing of a Residents' care plan to prevent it. The facility failed to have documentation that contact was made with residents' health care provider, family, case manager, guardian, after Residents #1 and #2 were missing.

**Class III**

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

Based on record review and interview the facility failed to perform at least two elopement drills per year.

Findings as follow:

Record review showed the facility failed to perform at least two elopement drills per year. The last facility elopement drill was dated  .

On , at 11:00 a.m. the facility's Administrator stated, the facility made the elopement Drills together with...
0032 Continued From page 1

the Fire Drills but failed to document that.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete adverse incidents after reporting 2 of 7 (#1 and #2) resident missing to law enforcement.

Findings as follow:

Record review showed the facility progress notes documented Resident #1 was admitted to facility on ___ and eloped from facility on ___ . Police report for missing person was made. Resident #2 was admitted to facility on ___ and eloped from it on ___ . Police report for missing person was made. Record review found the facility did not completed 1 day and 15 day full reports to the agency regarding Residents #1 and 2’s elopements.

On __ at 9:30 a.m. the facility’s Administrator stated they did not completed incident reports to AHCA because Resident #1 stay less than a day in the facility. The facility’s Administrator stated they did not complete incident reports to AHCA because Resident #2 left the facility by own decision.

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

RE: CCR #2015002645  

Dear Administrator:  

This letter reports the findings of a Complaint Investigation survey that was conducted on 18, 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 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](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 Verlade Exil, Health Facility Evaluator Supervisor at (305) 593-3100.  

Sincerely,  

[Signature]  

Artene Mayo-Davis, RN  
Field Office Manager  

AMD:ve  
Enclosure  
XG90