STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	**08/15/2019**
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 N HARBOR CITY BLVD** **MELBOURNE, FL 32935**	

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

0000 - Initial Comments

An unannounced complaint investigation, 2019006516, was conducted on . . . . . , at Discovery Village Assisted Living Facility in Melbourne, Florida. Deficient practice was found at the time of the complaint investigation.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review, interviews and observation, the facility failed to ensure the safety of four of four residents (Resident #1, #2, #3 and #4) by ensuing the residents, identified as high-risk elopement, had identification on their person.

Findings include:

On . . . . . , in a record review of the facility census, the census documented Resident #1, #2, #3 and #4, were high-risk of elopement, living in the Memory Care Unit.

On , at 11:02 AM, in an interview with Staff F, Staff F stated she worked in the Memory Care Unit. Staff F stated, "none" of the residents that are elopement risk have identification on them.

On . . . . . , in resident record reviews the following was found:
" Resident #1 had a signed 1823 AHCA health assessment (1823), dated , which documented Resident #1 was recommended for Memory Care and had a diagnosis of . . . . . .
" Resident #2 had a signed 1823 dated , which documented Resident #2 as an elopement risk and exit seeking.
" Resident #3 had signed 1823 dated , the file indicated the facility felt he was an elopement risk.
" Resident #4 had a signed 1823 dated , the assessment documented Resident #4 as an elopement risk.

On . . . . . , at 11:45 AM, in observation of Resident #1, #2 and #3, it was observed none of the residents had personal identification which provided their name, the name of the facility and contact information, if the resident had eloped. Resident #4 was not available for observation.

On . . . . . , at 2:15 PM, in an interview with the administrator, the administrator stated he would address the agency concerns.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III