STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	RT32960377	R **05/05/2017**
NAME OF PROVIDER OR SUPPLIER **REFUGE A HEALING PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14835 SE 85 ST** **OCKLAWAHA, FL 32179**	

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

0000 - INITIAL COMMENTS

A follow-up visit to a complaint investigation (CCR 2017002360) survey was conducted at Refuge A Healing Place (License #8647) Residential Treatment Facility on 05/05/2017. Previously cited deficiencies were corrected at the time of the investigation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	RT32960377	03/10/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFUGE A HEALING PLACE	**14835 SE 85 ST** **OCKLAWAHA, FL 32179**

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

0000 - INITIAL COMMENTS

A complaint investigation (CCR 2017002360) was conducted at Refuge A Healing Place Residential Treatment Center on . Refuge A Healing Place had a deficiency at the time of the investigation.

Based on record review and interview the facility failed to ensure the facility was administered in a manner that consistently protected resident's life and physical safety for 1 client (Client #3) for whom a lapse of supervision resulted in a completed attempt of 5 sampled clients.

Findings:

Record review of a written statement related to Client #3's prepared by the facility Chief Executive Officer revealed the following documentation. Client #3 committed on by cutting his wrists with a razor. On at 7:27 AM, staff responded to an emergency call by Client #3's in Cabin 10. Client #3's reported Client #3 was in the not responding. Staff entered the found Client #3 in the bathtub with water running. Client #3 was immediately removed from the tub and was initiated. 911 was called. At 7:45 AM, the ambulance arrived, evaluated Client #3 and pronounced Client #3 to be .

During interview on beginning at 9:44 AM, the facility Chief Executive Officer stated that Client #3 had been admitted to the facility for treatment for addiction and . He stated that prior to Client #3's , clients who were allowed to use shaving razors were instructed to lock the shaving razor away in a lock box after use. He stated that facility staff made rounds daily to ensure shaving razors had been locked away after use. He stated that if a staff member found an unsecured shaving razor, the unsecured shaving razor was secured and then disposed. He stated that one of Client #3's cabin mates had a pass to use a shaving razor. He stated that it was uncertain whether Client #3 obtained the shaving razor from his cabin mate. He stated that no unsecured shaving razor had been noted on the rounds log for the time period surrounding Client #3's .

Record review of facility safety rounds documentation (dated through) failed to reveal facility staff had located and secured an unsecured shaving razor during facility safety rounds of Client #3's cabin.

During interview on at 3:54 PM, the facility Chief Operating Officer agreed that the facility failure to ensure shaving razors were secured was a lapse in facility supervision of clients.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	RT32960377	**03/10/2017**
NAME OF PROVIDER OR SUPPLIER **REFUGE A HEALING PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14835 SE 85 ST** **OCKLAWAHA, FL 32179**	

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

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	RT32960377	03/10/2017
NAME OF PROVIDER OR SUPPLIER **REFUGE A HEALING PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14835 SE 85 ST** **OCKLAWAHA, FL 32179**	

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

0000 - INITIAL COMMENTS

A complaint investigation (CCR 2017002360) was conducted at Refuge A Healing Place Residential Treatment Center on . Refuge A Healing Place had a deficiency at the time of the investigation.

Based on record review and interview the facility failed to ensure the facility was administered in a manner that consistently protected resident's life and physical safety for 1 client (Client #3) for whom a lapse of supervision resulted in a completed attempt of 5 sampled clients.

Findings:

Record review of a written statement related to Client #3's prepared by the facility Chief Executive Officer revealed the following documentation. Client #3 committed on by cutting his wrists with a razor. On at 7:27 AM, staff responded to an emergency call by Client #3's in Cabin 10. Client #3's reported Client #3 was in the not responding. Staff entered the found Client #3 in the bathtub with water running. Client #3 was immediately removed from the tub and was initiated. 911 was called. At 7:45 AM, the ambulance arrived, evaluated Client #3 and pronounced Client #3 to be .

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	RT32960377	**03/10/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class II