Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967856	A. BUILDING: _____ B. WING _____	08/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESOTO PALMS ASSISTED LIVING COMMUNITY	5601 N HONORE AVE SARASOTA, FL 34235

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Focused Control, Emergency Power Plan Monitoring and Complaint survey for complaint #2020009801 was conducted on .. .... at Desoto Palms Assisted Living Community, an assisted living facility in Sarasota, Florida. Complaint #2020009801 was substantiated at A0054 and A0152. The following is description of the deficiencies.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ... the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication	A 054		

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A 054	Continued From page 1 is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have documented on the Medication Observation Record (MOR) the resident's health care provider telephone number for 5 (Resident #2, #4, #5, #7, and #8) out of 10 records reviewed. The facility failed to have staff identifiers next to their initials when documenting medications given or refused for 10 (Resident #1 through #10) out of 10 records reviewed. The findings included: 1. Record review of the MOR revealed the facility failed to have documented on the Medication Observation Record (MOR) the resident's health care provider telephone number for 5 (Resident #2, #4, #5, #7, and #8) out of 10 records reviewed. 2. Record review of the MOR revealed the facility failed to have staff identifiers next to their initials when documenting medications given or refused for 10 (Resident #1 through #10) out of 10 records reviewed. 3. During an interview on .. .. .. at 1:55 p.m., the Health and Wellness Director reported she was not aware the staff did not identify their name next to their initials on the MOR when they documented medications given or refused. She reported she was not aware the health care	A 054		

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A 054	Continued From page 2 provider listed on the MOR needed to have their correct telephone number. Class III	A 054		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 3 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a safe living environment free from hazards. The findings included: During a tour of the facility on at 10:30 a.m., the following was observed: 1. Black stains on the floor of the first floor resident laundry room, 2. Second picture is of the black stains on the floor of first floor resident laundry room. 3. Brown stains on the outside bottom of the medication cart, north wing first floor, 4. Black stains and debris on the countertop next to the popcorn machine of the Desoto Palms Café, residents and staff use on first floor. 5. Brown stains on chairs in the common area second floor. 6. Additional stained chairs in the common area second floor. 7. Part 3- stained chairs in common area second floor. 8. Second floor dining chairs with stains. On at 10:25 a.m., Staff A reported he had cleaned the medication cart and the stain looked like oatmeal. On at 11:30 a.m., Staff B reported her staff is responsible for keeping the countertop in	A 152		

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A 152	Continued From page 4 the Desoto Palms Café clean. On . . . . . at 11:55 a.m., the Administrator reported she was not aware the areas listed above were not clean. Class III Photographic Evidence Obtained.	A 152		