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
	AL11968996	A. BUILDING: _____ B. WING _____	06/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEURORESTORATIVE FLORIDA	325 BRADEN AVE SARASOTA, FL 34243

(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 Extended Congregate Care Monitoring survey was conducted at Neurorestorative Florida Assisted Living Facility on . Deficiencies were identified at the time of the survey.	A 000		
AE203 SS=D	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled	AE203		

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
	AL11968996	A. BUILDING: _____ B. WING _____	06/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEURORESTORATIVE FLORIDA	325 BRADEN AVE SARASOTA, FL 34243

(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
AE203	Continued From page 1 needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure and document that staff receive extended congregate care (ECC) training as required in rule 59A-36.011, F.A.C. Findings included: A facility record request conducted on . . . . revealed the facility could not provide evidence of 4-hour initial ECC training or Assisted Living Facility Core training prerequisite for the Administrator or ECC supervisor. An employee record request conducted on revealed the facility could not provide evidence of 2-hour ECC training for direct staff. An interview was conducted on . . . . . at 11:00 a.m. with the ECC Nurse, she stated the charts are not physically at the facility and were sent to a central area because they have various facilities. She stated she would request them and have them faxed over. An interview on at 11:27 a.m. with ECC Nurse and Case Coordinator. They confirmed the records were not available.	AE203		

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
	AL11968996	A. BUILDING: _____ B. WING _____	06/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEURORESTORATIVE FLORIDA	325 BRADEN AVE SARASOTA, FL 34243

(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
AE203	Continued From page 2 An interview on at 12:00 p.m. was conducted with ECC Nurse, she stated she understands she was not core trained and was unable to provide training documentation for the Administrator, ECC supervisor and staff care staff. Class III	AE203		