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
	AL11963950	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEVA LAKES ASSISTED LIVING CENTER	743 S. BENEVA ROAD SARASOTA, FL 34232

(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 complaint survey for complaint #2021007603 and #2021002473 and control was conducted on at Beneva Lakes Assisted Living Center, an assisted living facility in Sarasota, Florida. Complaint #2021007603 was substantiated at A0152, A0160 and A0079. Complaint #2021002473 was unsubstantiated. The following is a description of the deficiencies.	A 000		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.	A 077		

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A 077	Continued From page 1 (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise	A 077		

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A 077	Continued From page 2 has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , . . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility	A 077		

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A 077	Continued From page 3 owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the administrator, who is responsible for the operation and maintenance of the facility, failed to employ enough housekeeping and maintenance staff to provide residents the services needed to have a clean and sanitary environment facility wide, and failed to refurbish rooms as needed. The findings included: 1. Interview on at 12:45 p.m., the administrator said she has two housekeepers for the building and they also do laundry. She does not have staff dedicated only to laundry. Each housekeeper cleans 10 resident rooms a day. They are staff. The housekeepers work Monday through Friday. There are no housekeepers or laundry service done on the week-ends. There are 87 residents rooms and a census of 94. There is one maintenance person for the building. The administrator said she can change one carpet a month. She did three last year and has not changed any this year. 2. Observation on at 10:20 a.m., in the medication technician room, the door to the outside courtyard when closed was observed to have an open gap allowing hot air and pests to	A 077		

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A 077	Continued From page 4 come in the building. **Photographic Evidence Obtained** Observation on at 10:25 a.m., revealed the beauty shop/home health room's door was unlocked. The bathroom in this room had exposed wires. An interview was conducted with the administrator at 12:30 p.m. She observed the wires and said she was not aware of it. **Photographic Evidence Obtained** Observation at 11:30 a.m. in the kitchen, there are several gnats and flies flying throughout the kitchen. Observation during a tour of the building and 14 of 87 resident rooms with the administrator, maintenance staff and housekeeping staff. The following were observed: # . . . Laminate flooring torn and curing up at the doorway between bedroom and living room. Interview with Resident #4 said she is concerned this will make her . Windows in the living room are dusty, dirty with cobwebs and black substance. Photographic Evidence Obtained** # . . . Clutter found throughout the room. Dishes were on the floor with water and food in it. Carpet was dirty. Interview with the administrator at the time of this observation said the resident does not have a , . . but feeds other animals. **Photographic Evidence Obtained** # . Room was full of clutter on the floor with open food containers and dirty dishes. **Photographic Evidence Obtained** # . Rug was dirty and stained	A 077		

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A 077	Continued From page 5 throughout room. **Photographic Evidence Obtained** # : The freezer had ice throughout the whole freezer. **Photographic Evidence Obtained** # : The rugs were dirty and stained. The blinds don't open. An interview was conducted with Resident #4 at the time of this observation. She said the blinds have not opened for a while. She has complained about this several times and it still is not fixed. **Photographic Evidence Obtained** # : The floors are dirty, stained and debris was found throughout the room. The bathroom floor was dirty and found grime underneath the commode and in the shower. It also had debris on the floor. **Photographic Evidence Obtained** # .....: The bathroom door and door frame had rust and scratches. **Photographic Evidence Obtained** # : The resident's chair was stained with a black substance. The bedding and pillow were soiled and stained. The shower curtain had a moldy, mildew substance and slime on it. **Photographic Evidence Obtained** # . . : The carpet is frayed. **Photographic Evidence Obtained** # : Observation on at 9:50 a.m., revealed the track from the sliding glass door was dirty, full of debris and a black substance. The air conditioning supply vent was full of dust and dirt. The air conditioner supply	A 077		

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A 077	Continued From page 6 vent was blowing on the ceiling which had a built up of dust and dirt. **Photographic Evidence Obtained** # . . : The sliding glass door track was dirty and dusty with cobwebs. The door was missing . . slats on sliding glass door and the blinds don't open. **Photographic Evidence Obtained** . . # . . : Observation on . . . . at 10:05 a.m., showed the floor was chipped, torn, and had scratches throughout the room. During this observation, in an interview, Resident #2 said it has been like this since he moved in. He said he had lived in the room for over one year. Observation of his bathroom showed a mop with a container of bleach. Resident #2 said the mop and bleach were not his. There was dust and debris throughout his room. **Photographic Evidence Obtained** . . . . : Observation on . . . . at 10:15 a.m., showed the room was full of clutter on the floor, bed, desk and cabinets. The carpet was stained and dirty. Dust and debris was observed throughout his room. The bathroom was dirty with clutter like dirty dishes, cardboard boxes, plastic wrappers and containers on the floor. An interview was conducted with Resident #3 at the time of this observation. He said he sees roaches throughout his room and hallways. He said the staff come in and clean his room. There was no evidence this room was clean. **Photographic Evidence Obtained** Another room (not identified) had clutter throughout the room on the floor and bed. The mattress was dirty and stained. There was dirt and droppings between the mattress covering.	A 077		

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A 077	Continued From page 7 **Photographic Evidence Obtained** Observations throughout this tour showed flies and gnats flying in resident rooms and halls. Class II .	A 077		
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	A 152		

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A 152	Continued From page 8 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during 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 provide the residents with a homelike environment, free from pests, dirt, debris, hazardous areas, and clutter for 14 resident rooms observed of 87 resident rooms and other common areas. The findings included: 1. Observation on . . . . . at 9:50 a.m., in . . # revealed the track from the sliding glass door was dirty, full of debris and a black substance. The air conditioning supply vent was full of dust and dirt. The air conditioner supply vent was blowing on the ceiling which had a built up of dust and dirt. **Photographic Evidence Obtained** Observation on at 10:05 a.m., in # . . showed the floor was chipped, torn, and had scratches throughout the room. During this observation, in an interview, Resident #2 said it has been like this since he moved in. He said he had lived in the room for over one year. Observation of his bathroom showed a mop with a container of bleach. Resident #2 said the mop and bleach were not his. There was dust and debris throughout his room. **Photographic Evidence Obtained**	A 152		

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A 152	Continued From page 9 Observation on at 10:15 a.m., showed # was full of clutter on the floor, bed, desk and cabinets. The carpet was stained and dirty. Dust and debris was observed throughout his room. The bathroom was dirty with clutter like dirty dishes, cardboard boxes, plastic wrappers and containers on the floor. An interview was conducted with Resident #3 at the time of this observation. He said he sees roaches throughout his room and hallways. He said the staff come in and clean his room. There was no evidence this room was clean. **Photographic Evidence Obtained** Observation on at 10:20 a.m., in the medication technician room, the door to the outside courtyard when closed was observed to have an open gap allowing hot air and pests to come in the building. **Photographic Evidence Obtained** Observation on at 10:25 a.m., revealed the beauty shop/home health room's door was unlocked. The bathroom in this room had exposed wires. An interview was conducted with the administrator at 12:30 p.m. She observed the wires and said she was not aware of it. **Photographic Evidence Obtained** Observation at 11:30 a.m. in the kitchen, there are several gnats and flies flying throughout the kitchen. A more thorough tour was conducted at 11:45 a.m. with the administrator, maintenance staff and housekeeping staff. The following were observed: # . Laminate flooring torn and curing up	A 152		

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A 152	Continued From page 10 at the doorway between bedroom and living room. Interview with Resident #4 said she is concerned this will make her . Windows in the living room are dusty, dirty with cobwebs and black substance. Photographic Evidence Obtained** # . Clutter found throughout the room. Dishes were on the floor with water and food in it. Carpet was dirty. Interview with the administrator at the time of this observation said the resident does not have a , but feeds other animals. **Photographic Evidence Obtained** # . Room was full of clutter on the floor with open food containers and dirty dishes. **Photographic Evidence Obtained** # . Rug was dirty and stained throughout room. **Photographic Evidence Obtained** # : The freezer had ice throughout the whole freezer. **Photographic Evidence Obtained** # : The rugs were dirty and stained. The blinds don't open. An interview was conducted with Resident #4 at the time of this observation. She said the blinds have not opened for a while. She has complained about this several times and it still is not fixed. **Photographic Evidence Obtained** # : The floors are dirty, stained and debris was found throughout the room. The bathroom floor was dirty and found grime underneath the commode and in the shower. It also had debris on the floor. **Photographic Evidence Obtained**	A 152		

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A 152	Continued From page 11 # : The bathroom door and door frame had rust and scratches. **Photographic Evidence Obtained** # : The resident's chair was stained with a black substance. The bedding and pillow were soiled and stained. The shower curtain had a moldy, mildew substance and slime on it. **Photographic Evidence Obtained** # : The carpet is frayed. **Photographic Evidence Obtained** # : The sliding glass door track was dirty and dusty with cobwebs. The door was missing slats on sliding glass door and the blinds don't open. **Photographic Evidence Obtained** Another room (not identified) had clutter throughout the room on the floor and bed. The mattress was dirty and stained. There was dirt and droppings between the mattress covering. **Photographic Evidence Obtained** Observations throughout this tour showed flies and gnats flying in resident rooms and halls. 2. On at 12:45 p.m., an interview was conducted with the administrator. She was able to confirm the observations. She said she can change one carpet in a resident room each month. She did three carpets last year and had not changed any carpets in resident rooms this year. Class II .	A 152		

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A 160	Continued From page 12	A 160		
A 160	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan,	A 160		

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A 160	Continued From page 13 with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963950	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEVA LAKES ASSISTED LIVING CENTER	743 S. BENEVA ROAD SARASOTA, FL 34232

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A 160	Continued From page 14 and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to follow their grievance policy and maintain a grievance log. The finding included: A review of the facility's grievance policy showed it was revised on . . . . . It showed when a resident/family/visitor had a grievance, the staff person is to report this grievance to their supervisor or the executive director: Under "Resident/Family/Visitor Grievances" "Executive Director or other manager will log the information on the Grievance log. The Executive Director, or designee, will speak with the concerned party to gather additional information . . . Appropriate resolution will be identified, implemented and documented on the log. The Executive Director should respond to the family member within 72 hours regarding the resolution or status of the concern." Observation on of # during a tour that began at 11:45 a.m., showed the blinds did not open. An interview was conducted with	A 160		

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
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A 160	Continued From page 15 the Resident #5 at the time of the observation. She said she had complained about this several times to staff and it still is not fixed. On [redacted] at 9:00 a.m., the grievance log was requested at the entrance conference. Interview on [redacted] at 11:30 a.m., the administrator said she did not have an updated grievance log. When a resident comes to her with a complaint, she takes care of it, but does not document it. Class III	A 160		