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
	AL11969409	A. BUILDING: _____ B. WING _____	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS SENIOR LIVING AT SARASOTA	5750 HONORE AVENUE SARASOTA, FL 34233

(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 #2024002177 & #2024003803 was conducted on through at Angels Senior Living at Sarasota, an assisted living facility in Sarasota, Florida. Complaint #2024002177 was substantiated without citation. Complaint #2024003803 was substantiated at A152 The following is a description of the deficiencies.	A 000		
A 152 SS=D	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,	A 152		

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A 152	Continued From page 1 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 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 a homelike and clean environment for residents in the memory care unit. Findings included: 1. On at 8 a.m. during a tour of the memory care unit a foul odor of feces was present. 2. The air vent in the entrance was covered in layers of dust. 3. All resident bedroom doors had accumulated dirt. 4. There was accumulated dust at the base boards around the nursing station. 5. There were drips from what appears to be some liquid going down the wall outside of bedroom 14.	A 152		

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A 152	Continued From page 2 On . . . . at 9:30 a.m. during an interview, the Administrator acknowledged there was foul odor of feces in the memory care unit. Administrator said it was still early in the morning and staff were in process of providing care to residents. The Administrator said she recently hired a designated housekeeper only for the memory unit and she is still learning the job. On at 12:33 p.m. during a follow up tour, the foul odor of feces was still present. 8. On . . . . at 2:00 p.m. in an interview, the Administrator acknowledged that there was a strong odor of feces in the memory unit. The Administrator acknowledged that residents bedroom doors had accumulated dirt and that the baseboards were dirty. The Administrator said that the area should have been spotless since the staff in the memory unit had fewer rooms to clean than any other housekeeper in the building. Class III -Photographic evidence on record-	A 152		