

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER EXCELSIOR OMEGA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 15 DADE AVE 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 Limited Nursing Service (LNS) and initial ECC (Extended Congregate Care) survey was conducted on _____ at Excelsior Omega an Assisted Living Facility (ALF) at Sarasota, FL. State deficiencies were identified as a result of this survey.	A 000		
A 181	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall review its emergency management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and	A 181		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8899

2VR411

If continuation sheet 1 of 4

If continuation sheet 2 of 4

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AE201	Continued From page 2 develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of apartment and (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan; 2. To remain in the same the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so	AE201			

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AE201	Continued From page 3 licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and 5. To provide input with respect to the adoption and amendment of facility policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview the facility failed to provide policies regarding the care of ECC (Extended Congregate Care) residents. The findings include: During an interview with the Resident Care Manager at 10:40 a.m. on _____ she stated there were no current policies for ECC residents. She stated the Administrator is working on them. She stated she thought someone would call and schedule an appointment for the initial ECC survey. Class III	AE201			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Excelsior Omega Inc.
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) and Extended Congregate Care (ECC) survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

