STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sea View Inn At Forest Lakes	3548 Sea View Street Sarasota, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

These are the results of an off hour Complaint Survey, CCR# 2013006854 was conducted on [redacted] at Sea View Inn at Forest Lakes, an Assisted Living Facility (ALF).

Two of the five allegations were substantiated. The facility received citations as a result of this survey.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on resident record review, resident interview, and staff interview the facility failed to notify 1 (Resident #3) of 3 residents' responsible party and/or health care provider of a significant weight loss.

The findings include:

An interview was conducted with Resident #3 on [redacted] at 9:00 p.m. She stated she used to weigh 237 pounds and now weigh 125 pounds. A review of Resident #3's record showed she was admitted to the facility on [redacted] and weighed 160 pounds. A documented weight on [redacted] showed she weighs 128 pounds. A note was written on [redacted] documenting Resident #3 wants to lose 50 pounds. She weighed 150 pounds and went to the doctors on [redacted]. She is eating "Very little." This note is not signed by the staff who wrote it.

An interview was conducted with Staff A at 9:30 p.m. She stated she thinks the staff who wrote this note no longer works at the facility. Resident #3 wants to lose weight. She spends a lot of time in the [redacted] she eats her meals. She has not notified the health care provider of the possibility of an eating [redacted] and the 32 pound weight loss in 10 1/2 months.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and staff interview, the facility failed to obtain a Communicable [redacted] statement from 1 (Staff A) of 1 employee within 30 days of hire.

The findings include:

A review of Staff A's personnel record showed there was no communicable [redacted] statement by her health care provider.

An interview was conducted with Staff A on [redacted] at 9:30 p.m. She stated she was hired about 6 weeks ago. She gave this statement to the Owner but she was not able to find this statement. She said the Owner is out of town. The facility did not maintain the communicable [redacted] statement from Staff A.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sea View Inn At Forest Lakes	3548 Sea View Street Sarasota, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to ensure 1 (Staff A) of 1 employee had training in resident rights, , neglect, , and resident behavior and needs.

The findings include:

A review of Staff A's personnel record showed there was no documentation she had training is , neglect, , resident rights, and resident behavior and needs.

An interview was conducted with Staff A on at 9:30 p.m. She stated no one had told her she needed this training to perform her duties. She is the manager of the facility and the one hired staff. The Owner is out of town. She provides all care for the residents at this facility and is the live-in staff. She said she was hired at this facility about 6 weeks ago.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on employee record review and staff interview, the facility failed to maintain an application from 1 (Staff A) of 1 employee reviewed.

The findings include:

A review of Staff A's personnel record showed there was no application.

An interview was conducted with Staff A on at 9:30 p.m. She stated she filled out an application but does not know where it is. The Owner is out of town at this time and does not know where to look for it. The facility is required to maintain applications for all employees.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and staff interview, the facility failed to obtain a Level 2 background screening on 1 (Staff A) of 1 employee reviewed.

The findings include:

A review of Staff A's personnel record showed there is no documentation of a Level 2 Background screening.

An interview was conducted with Staff A on at 9:30 p.m. She stated no one had told her she needed a background screening done. She is the manager of the facility. The Owner is out of town at this time. She lives at the facility and provides the care and services the resident's needs. The facility is required to have all staff providing care and services to resident to have a Level 2 Background screen.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sea View Inn At Forest Lakes
3548 Sea View Street
Sarasota, FL 34239

Re: CCR #2013006854

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, ...
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372