STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	**09/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Village Of Sarasota, Inc.	**8400 Vamo Road Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:
An unannounced Biennial survey with Limited Nursing Services (LNS) was conducted on through at Bay Village an Assisted Living Facility (ALF) in Sarasota, Florida.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview and record review, the facility failed to honor residents' rights to be provided with the necessary assistance with the Activities of Daily Living (ADL) as contracted for 4 (Residents #2, #4, #8 and #9) of 9 resident reviewed.

The findings include:

Activities of Daily Living (ADLs) are identified on the Agency form 1823 (1823) as: Ambulation / Bathing / Dressing / Eating / Self-Care / Toileting / Transferring.

1. On at 11:20 a.m., Resident's #4's daughter stated they have a caregiver from the Bay Village of Sarasota Home Health Care Agency (HHC) which is a separate agency from the ALF come in daily to help her mother dress and twice a week helps her with a shower. She stated they pay extra for this assistance. She stated, "The facility charges you for anything extra." On at 11:20 a.m., Resident #4 stated they use to provide her assistance with dressing and showers. They stopped that so she has the HHC come in because she needs the assistance. She said she has insurance that covers the cost. She said if the facility provided the assistance she probably would not need the HHC to come in.

Record review for Resident #4 found on the billing statement dated , Resident #4 was charged for 32 hours of Home Health Service for a total charge of $736.00. On the billing statement dated there was a charge for Home Health Services of 39 hours for a total charge of $897.00. The billing statement dated showed a charge of 40 hours of Home Health Service for a total charge of $914.25.

The HHC's care plan dated shows the personal care being provided to Resident #4 is "Showers, Sponge, mouth care (PRN set-up), lotion as needed, moderate dressing assistance, care, make bed, shopping empty/carry out trash and companionship." It is noted "Residents time will vary 30-60 min depending on clients needs." Under personalized services/Special instructions it states "Resident has difficulty moving 1st thing when she gets up give her the time she needs. Max assists with shoes and socks." The "Request and Agreement or Care and Services" dated states services requested is 1 hr. daily x 7 days for ADLs.

Resident #4's Admission Agreement executed on states Section 1 sub-section B "The Daily Rate will cover the charge for providing Resident with housing, three (3) meals a day, and assistance with activities of daily living." Resident #4's current 1823 dated assess the resident to be independent with ambulation, eating, self-care toileting, and transferring. It assesses the resident to need assistance with bathing and dressing. It states that the resident's needs can be met in an ALF.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Village Of Sarasota, Inc.	8400 Vamo Road Sarasota, FL 34231	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

The resident's record contained a notice dated . . which states Terrace of Bay Village assists residents in ADL as part of their residential contract for people residing there. Resident's may choose to get additional assistance with ADL. You are currently receiving additional help through the HHC of Bay Village. This is an additional service that has an hourly charge and is optional for you. Please sign below indicating that you are aware and choose to have these additional services and pay for that services. The Notice does not it identify what/why "Additional" services are needed beyond the services the facility has contracted to provide.

2. On . . . . at 9:30 a.m., Resident #8 stated, "I need help with my showers. They help me 3 times a week. I have someone from home health come in to assist me. I don't feel secure doing that by myself." She stated the facility will help you with anything you need "At a cost." Record review for Resident #8 found on the billing statement dated . . . . Resident #8 was charged for 9 hours of Home Health Service for a total charge of $195.50. On the billing statement dated . . . . there was a charge for Home Health Services of 7 hours for a total charge of $149.50. The billing statement dated . . . . showed a charge of 9 hours of Home Health Service for a total charge of $207.00. The Bay Village Home Health Request and agreement for Care and Services for Resident #8 dated . . . . found "Services Requested - 1/2 hr. x 3 weekly, laundry 1 x monthly." The HHC Personal Care plan for Resident #8 dated . . . . identifies services to be shower MWF, skin lotion as needed, dressing minimal, light housekeeping, laundry shopping PRN and empty trash. The resident's record contained a notice dated . . which states Terrace of Bay Village assists residents in ADL as part of their residential contract for people residing there. Resident's may choose to get additional assistance with ADL.

You are currently receiving additional help through the HHC of Bay Village. This is an additional service that has an hourly charge and is optional for you. Please sign below indicating that you are aware and choose to have these additional services and pay for that services. The Notice does not it identify what/why "Additional" services are needed beyond the services the facility has contracted to provide. Resident #8's Admission Agreement executed on . . I states Section 1 sub-section B "The Daily Rate will cover the charge for providing Resident with housing, three (3) meals a day, and assistance with Activities of Daily Living."

Resident #8's current 1823 dated . . . . assesses the resident to be independent with ambulation, dressing, eating, self-care . . . . toileting, and transferring. It assesses the resident to need assistance with bathing. It states that the resident's needs can be met in an ALF.

3. On . . . . at 1:30 p.m., Resident #9's authorized representative stated that she did sign the statement dated . . . . acknowledgement that the facility would provide assistance with ADLs which is included in the base rate. She stated they don't provide the assistance so she had to pay for the HHC to provide the assistance. She stated they told her they could not provide the assistance with ADLs her mother needed. She said they would come in and lay her mother's clothes out in the morning. Then come back in 45 minutes and she would still be naked. She was told they could not spend 45 minutes helping her mother to dress and if she did not hire someone to provide the assistance from the HHC they would have to mover her mother up to the nursing floor. She stated those are double occupancy . . . . and she wants her mother to remain where she is. So she pays for someone to come in and help her mother dress. Resident #9's current 1823 dated . . . . assess the resident to be independent with ambulation, eating, and transferring. It assesses the resident to need assistance with bathing, dressing, and toileting. It assesses her to need supervision with self-care . . . . It states that the resident's needs can be met in an ALF. Resident #9's Admission Agreement executed on . . . . states Section 1 sub-section B "The Daily Rate will cover the charge for providing Resident with housing, three (3) meals a day, and assistance with Activities of Daily Living."

Record review for Resident #9 found on the billing statement dated . . . . revealed Resident #9 was charged

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	**09/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Village Of Sarasota, Inc.	**8400 Vamo Road Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

for 31 hours of Home Health Service for a total charge of $724.50. On the billing statement dated ..... there was a charge for Home Health Services of 33 hours for a total charge of $770.50. The billing statement dated ..... showed a charge of 32 hours of Home Health Service for a total charge of $736.00.
The Bay Village Home Health Request and Agreement for Care and Services dated ....., shows "Services Requested 1 Hr. is for ADL's x 7 days." The HHC personal care plan dated ..... shows "Shower x 3 wkly Minimal assist. Monday, Wednesday and Saturday. Sponge Alternate days minimal assist. Skin Lotion as needed, dressing assistance minimal, ... product application assistance, ... care Yes, Light housekeeping make bed carry out trash."

4. The resident contract for Resident #2 dated ..... states in section 1, the monthly rate will include furnished housing 3 meals a day and personal services set out in Exhibit "A." Exhibit "A" states the facility shall provide the personal services set out below "1. Supervision of self-administration of medications 2. Assistance with ambulation, 3. Assistance with bathing, 4. Assistance with dressing, 5. Assistance with eating, 6. Assistance with ..... " The Bay Village Home Health Request and Agreement for Care and Services dated ....., states the resident's family is requesting "Companion Services." The HHC "Personal care plan" for Resident #2 Current Events, Toileting ..... product application assistance/ ..... care.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bay Village Of Sarasota, Inc.
8400 Vamo Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) 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