STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pines Of Sarasota	1251 N. Orange Ave Sarasota, FL 34236	

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

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:
These are the results of an unannounced Biennial survey conducted on through at the Pines of Sarasota an Assisted Living Facility (ALF).

The following is a description of non-compliance:

Z827-Unlicensed Activity 408.812, FS
Based on observation and interview, the facility failed to ensure they were operating under the scope of their standard license as evidenced by a CNA (Certified Nursing Assistant) managing for 1 (Resident #11) of 2 residents reviewed.

The facility has a standard license. They do not have an LNS (Limited Nursing Services) license.

Any facility intending to provide limited nursing services as described in subsection (1) must meet the license requirements specified in Section 429.07, F.S., and obtain a license from the Agency in accordance with Rule 58A-5.014, F.A.C.

(1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S.
(a) Conducting passive range of motion exercises.
(b) Applying ice caps or collars.
(c) Applying heat, including dry heat, hot water bottle, heating , aquathermia, moist heat, hot compresses, sitz bath and hot soaks.
(d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident's health care provider has been obtained.
(e) Performing ear and eye irrigations.
(f) Conducting a dipstick test.
(g) Replacement of an established self-maintained indwelling , or performance of an intermittent
(h) Performing stool removal therapies.
(i) Applying and changing routine dressings that do not require packing or irrigation, but are for and closed surgical wounds.
(j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule.
(k) Caring for casts, braces and Care for head braces, such as a is not permitted under this rule.
(l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.
(m) For hospice patients, providing any nursing service permitted within the scope of the nurse's license including 24-hour nursing supervision.
(n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers' guidelines.
(o) Administration and regulation of portable
(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).
(q) care and maintenance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pines Of Sarasota	1251 N. Orange Ave Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

1. Observation on [redacted] at 10:07 a.m., viewed Staff I, who is a CNA (Certified Nursing Assistant) getting ready to shave Resident #11 who is receiving Hospice services. [redacted] was running continuously via a nasal cannula and set at 2 liters on the machine. When asked if the resident was able to manage his own [redacted], she said, "No, Hospice does it." When asked if the resident could take off and put on the nasal cannula, she said, "I take it off for him when I give him a bath to wash his face. Then I put it back on."

Observation on [redacted] at 7:48 a.m., revealed the same CNA in the [redacted] Resident #11. She stated she had just assisted him with his breakfast. She was questioned a second time as to whether she removes and puts on the nasal cannula. She confirmed that she does. She was not aware this was beyond the scope of the facility's licensure. She confirmed the resident could not consistently remove or replace his nasal cannula.

2. In an interview with the Administrator on [redacted] at approximately 11:30 a.m., she was unaware the aide was removing and placing the nasal cannula on the resident. She stated she would arrange for nursing services to handle the matter.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Pines Of Sarasota
1251 N. Orange Ave
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a Biennial 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