STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	10/16/2013
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0050 - 58a-5.0185(1) Fac - Medication - Self Administered Medications S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= B

Specific Tag Findings:
An unannounced Biennial survey was conducted on at Sea View Inn at Fountain Lakes, an Assisted Living Facility (ALF) with a licensed capacity of 6 residents.

The following is a description of the noncompliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to accurately complete Health Assessments for 3 (Residents #1, #3, and #4) of 4 residents1823 Health Assessments reviewed.

The findings include:

1. Record review on revealed Resident #1's Resident Health Assessment AHCA Form 1823 was completed on The resident was admitted on with diagnosis including: eating and scoliosis. The 1823 was blank for assistance with medications; and requires assistance with shopping.

Section 3 of the health assessment stipulates services offered or arranged by the facility for the resident must be completed by the ALF (Assisted Living Facility) Administrator or designee. This section must be completed for all residents based on needs identified in Section 1 and 2. However, section 3 was left blank and did not address the shopping or medication assistance.

2. Record review on revealed Resident #3 was admitted to the facility on

The 1823 Health Assessment dated documents diagnoses include Schizo-p Post Stress, generalized

Further review of this assessment revealed that it documents under Section "2" the resident requires assistance with preparing meals, making phone calls, handling personal affairs and handling financial affairs. She needs daily observation of her wellbeing, whereabouts and reminders for important tasks. The assessment indicates the resident requires help with taking her medications, however, does not indicate what type of help she requires (assistance with self administration vs. medication administration).

Section 3 of the health assessment stipulates services offered or arranged by the facility for the resident must be completed by the ALF Administrator or designee. This section must be completed for all residents based on needs identified in Section 1 and 2. However, section 3 was left blank.

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During an interview with the Administrative Assistant (designee) on at 10:00 a.m., she was unaware it needed to be completed.

3. On the surveyor reviewed Resident #4's "AHCA for 1823" Health Assessment dated 3,and noted the resident's physician had indicated that Resident #4 needed supervision with and assistance with medications. There was no documentation on page 5 section 3 of the health assessment; which is to be completed by the facility, that would identify how the facility was going to provide these services to the resident to meet these needs.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to ensure accuracy of accounting procedures related to monthly rates for 1 (Resident #3) of 3 residents whose contracts were reviewed; and failed to ensure residents rights are not compromised for 1 (Resident #1) of 4 residents.

The findings include:

1. Resident #3's contract dated and signed by the resident on documents a monthly rate in the amount of $1300.00. However, a copy of the representative payee's check in the chart shows the facility is being paid $1308.00.

An interview with the Administrative Assistant (AA) on at 12:00 p.m., revealed she is unsure why the facility is receiving $8.00 extra a month for the resident. She confirmed the extra money was not going back as a credit to the resident.

Interview on at 4:45 p.m., with the corporate representative responsible for paying the resident's monthly rate confirmed they have been paying $1308.00 to the Assisted Living Facility (ALF) since 2012. She stated the resident is allowed $1400.00 from social security. They allow the resident $54.00 a month out of this and their fee is $38.00 (which equals to $92.00). They then give the "difference" between these two dollar amounts to the facility. She stated the resident should receive a credit, therefore, of $88.00.

Interview with the owner of the ALF on at 6:00 p.m., stated she saw they were paying the facility too much and didn't understand why. She confirmed she did not call to find out.

2. Record review on revealed Resident #1's Resident Health Assessment AHCA Form 1823 was completed on The resident was admitted on with diagnosis including: eating and scoliosis. There was nothing in the resident's record to document how the facility should handle a resident with an eating There was no communication with the resident's physician or psychiatrist on the plan for this type

Observation during tour found all food is locked in the pantry or laundry Little food is left in the refrigerator for resident access. Further observation during tour on found a bowl of cereal in milk in Resident #1's At that time Staff A stated that they cannot have food in their and they know it. I don't come in here unless she is here, but she knows she can't have it. It's a house rule.

A review of the house rules found no such rule. When told that the house rules do not contain such a rule, Staff

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A stated they had trouble with pests and she made the rule. The surveyor then discussed the regulations regarding house rules.

Class III

0050-Medication - Self Administered Medications 58A-5.0185(1) FAC
Based on observation, record review and interview, the facility failed to encourage 1 (Resident #2) of 3 residents to self-administer her own medications.

The findings include:

On at 9:55 a.m., during an interview with Resident #2, the surveyor asked the resident how she took her medications. Resident #2 stated to the surveyor, that Staff A fills her pill organizer each day and then she takes them in the morning and at night. Resident #2 showed the surveyor her pill organizer and that she had taken her morning pills. On review of Resident #2's "AHCA form 1823" Health Assessment dated , under the type of assistance the resident needs with medications; the resident's physician had indicated none.

On at 10:42 a.m. during an interview with Staff A, she stated to the surveyor that she puts the residents medications in a pill organizer each day for her and gives the pill organizer to resident. Staff A stated that the resident does not really need any help with her medications but prefers that she do this for her.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview, the facility failed to ensure staff are assisting 3 (Residents #1, #2, and #3) of 4 residents who require assistance with self-administration of medication according to Section 429.256 (3).

The findings include:

An interview was conducted with the Administrative Assistant (AA) on at 12:41 p.m. during observation of medication storage. She stated that the residents in the facility are in a day program and she assists with their medications early in the a.m. and after dinner. She had already assisted Residents #1, #2 and #3 with their morning medications as Resident #4 does not receive assistance.

When asked how she assists with the medications, she picked up a blue pill organizer lying on the counter and stated, "I fill each one of these for the residents in the medication Then, I take each pill organizer out to them individually. I hand them the organizer and they then pour the medications into their hands and take them themselves. I don't have to tell them what they are because each of them know what they are taking, trust me."

When asked if she knew the proper procedure as defined in the state statutes for assisting residents with their medications, she stated, "Yes, I know but it's easier for me to do it this way."

Interview with Resident #3 on at 5:30 p.m. revealed the AA "Brings them (medications) in a pill box with our name on it. I know what they are. She puts them in my hand and I tell her what's in my hand...She brings them in a blue box."

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During an interview with the Administrator on at 6:00 p.m., she stated, "I told her one too many times not to assist the residents with their medications this way."

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation and interview, the facility failed to properly label an over the counter medication for 2 (Residents #1 and #3) of 3 residents receiving assistance with self-administration of medications.

The findings include:

1. Observation in the medication at 12:21 p.m. in the presence of the Administrative Assistant (AA), revealed medications for residents in individual plastic bins. Observation of the medications for Resident #1 included: 325 mg. and the label read "1 or 2 tablets with water every 4 hours as necessary up to 12 hours a day." The resident's name was not on the bottle.

During an interview with the AA at this time, she stated the resident takes the every day for her Review of the physician's orders shown by the AA documents 325 mg. every other day. Review of the MOR documents 325 mg. every second morning.

2. During review of medication storage on in the presence of the AA at 12:21 p.m., it was observed Resident #3 has a bottle of 81 mg. in the medication bin and the label reads "for the temporary relief of minor aches and pains." There were no clear directions for amount and frequency of use. According to the AA, the resident takes the medication every other day in the a.m. for her She showed the surveyor the physician's order for use of the Over The Counter (OTC) med which indicated it was to be taken every other day.

3. The AA confirmed she assists the residents with medications. She did not ensure the was given according to the manufacturer's labeling instructions, therefore, the labels needed to be revised with proper indications for use.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview, the Administrator (Staff B) failed to ensure she had verification of passing the ALF CORE competency test and failed to maintain the 12 hour continuing education every two years as required. Failure to maintain the 12 hours of CEUs requires the administrator to retake the ALF CORE training and retake and pass the competency test.

The findings include:

1. Record review on revealed Staff B had taken ALF CORE training on as evidenced by a certificate. There was no copy of the certificate for passing the CORE competency test as required.

Further record review revealed Staff B had 6 hours of continuing education in 2003; 13.25 hours in 2004; 5 hours in 2008; 1 hour in 2011 and 1 hour in 2013. The administrator lacked proof of 12 hours of CEUs for and

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On after the survey, the Owner faxed to the surveyor educational certificates from Pulse Learning with no date of training but hand written in dates. The certificates equaled 11.9 hours in 2012 and 5.5 hours for 2013.

2. When interviewed on at 10:00 a.m., after speaking to Staff B on the phone, Staff A verified everything for Staff B was in the file.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility failed to ensure the Administrator or person designated by the Administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 2 (Staff A and B) of 2 staff reviewed.

The findings include:

1. A review of both Staff A and Staff B's file found no 2 hour nutritional in-service.

2. When interviewed on at 10:00 a.m., Staff A stated she is the Administrator designee, is responsible for the shopping and cooking. A review of the personnel file for Staff A revealed, an application dated but nothing to show when she was actually hired. Staff A stated she was employed shortly after she applied and it was in Staff A is the live in 24/7 caregiver and assists the 4 residents with their medications and supervises them as needed.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure all direct care staff are trained in the facilities Policy within 30 days of employment for 1 (Staff A) of 2 staff reviewed.

The findings include:

A review of the personnel file for Staff A revealed, an application dated but nothing to show when she was actually hired. Further review revealed no training in the facilities Policy.

Staff A stated she was employed shortly after she applied and it was in Staff A is the live in 24/7 caregiver and assists the 4 residents with their medications and supervises them as needed. Staff A verified all her training was in her file. She stated she knows what a is and when and what to do, but had not been "trained" in the policy by the owner.

Class

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

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

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Enclosure: State Form

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