STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	12/23/2013
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)		

(If first visit, delete all Revisit sections)
Revisit Corrected Tags:
0078-Staffing Standards - Staff-12/23/2013

Revisit Repeat Tags:
0025-Resident Care - Supervision-58a-5.0182(1) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Specific Tag Findings:
These are the results of a second follow-up to Complaint Survey, CCR# 2013006854 which was conducted on to an off hour survey originally conducted on at Sea View Inn at Forest Lakes, an Assisted Living Facility (ALF).

One of the deficiencies, A0078, was cleared, however, two others, A0025 and A0081, were recited.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview, the facility failed to provide appropriate care and services related to the development of a plan of care for 1 (Resident #1) of 3 residents with a known eating and failed to notify her psychiatrist related to refusing medication from a total sample of 3 residents whose records were reviewed.

The findings include:

1. A follow-up survey to a complaint investigation was conducted on During the record review on Resident #1's Resident Health Assessment AHCA Form 1823 was documented as 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

During the follow-up survey conducted on , Resident #1's record was reviewed. A new 1823 Health Assessment was conducted on which failed to document the resident as having an eating

A telephone interview was conducted with Resident #1 on at 10:46 a.m. During this interview, she stated she has a long standing history of an eating which she stated was diagnosed as over eating" and When asked how the facility is helping her with this, she stated, "They give me what I want."

The Administrative Assistant (AA) was interviewed on at 10:30 a.m., who confirmed the resident with an eating She was asked whether there was a "plan" to assist the resident while at the facility with this She indicated the resident was sent out to the hospital back in and when she came back, there was nothing documented about the She stated the current 1823 does not reflect it because it was completed by the physician at the hospital and not her psychiatrist and she is still waiting for paperwork from him as of to reflect what her eating is. She confirmed they still do not have a specific plan

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	12/23/2013
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)		

outlined as to how the facility is going to help her with this problem.

2. Observation during medication observation for Resident #1 on at 7:07 a.m., revealed the AA handing medications to the resident during assistance with self-administration of medications. Included in the morning medications was an medication used in the treatment of

The 1823 Health Assessment dated documents the resident with history of and paranoia.

Record review on revealed a physician's order for , 100 mg. tablets, take 2 tablets (twice daily) and 6 tablets at hs (hour of sleep).

The Medication Observation Record (MOR) for documents the was scheduled to be taken at 8:00 a.m., 12:00 p.m. and at 8:00 p.m. Further review of the MOR revealed the resident refused her 12:00 p.m. dose of the medication beginning through , a total of 12 missed doses.

In an interview with the Administrative Assistant (AA) on at 11:00 a.m., she stated the resident said she wasn't going to take it so she documented her refusal (one time) on the back of the MOR. When asked if she notified the physician the resident had been refusing her 12:00 p.m. dose, she confirmed she hadn't.

During an interview with the treating psychiatrist on at 11:52 a.m., he confirmed he was never made aware the resident was refusing her 12:00 p.m. medication dose of the medication.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure within 30 days of hire or prior to providing any direct care to residents, the staff had training in resident behavior and needs for 1 (Staff A) of 2 employees at the facility.

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. Staff A stated she was employed shortly after she applied and it was in

Further review revealed no training in resident behavior and needs.

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. Staff A provided the surveyor with a form showing the vendor had canceled the resident behavior course she had signed up for when this was discussed during the follow-up survey on . When asked if she ever went for the training after being cited for this non-compliance, she stated, "No."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on
_ ..... 23, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2014.**

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