STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	04/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Slc Of Sorrento, Inc.	336 Monet Drive Nokomis, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:
These are the results of the Biennial survey which was conducted at SLC of Sorrento, an Assisted Living Facility (ALF) on .

The following is a description of non-compliance:

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on 1 (Staff C) of of 3 personnel records reviewed, the facility failed to ensure Staff C had an annual test completed.

The findings include:

A review of Staff C's personnel record showed the last recorded test was completed in 2012. There was no test documented for 2013 or 2014.

An interview was conducted with the Administrator on at 11:45 a.m. She stated this test is completed but she cannot find it in his personnel record.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel records reviewed and staff interviews, the facility failed to ensure 2 (Staff A and C) of 3 Staff had their required training.

The findings include:

A review of Staffs A and C's personnel records showed they did not have the training in Activity Daily Living (ADL) and Behavioral Needs.

An interview was conducted with Staff A on at 11:30 a.m. She stated her Certified Nursing Assistant (CNA) certificate expired last year and she is no longer a CNA.

An interview was conducted with the Administrator at 11:30 a.m. She stated Staff C had the training; however, she is unable to find the documentation in his personnel record.

Further review of Staff C's personnel record showed there was no training in: elopement response, resident rights, recognizing , neglect and , and policy and procedure training.

An interview was conducted with the Administrator on at 11:45 a.m. She stated he had this training,

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however, she was not able to find this documented in his personnel record.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, resident and staff interviews, the facility did not provide Residents #1 and #2 privacy during toileting.

The findings include:

Observation on at 9:30 a.m., showed Residents #1 and #2 sitting in their . There were bedside commodes next to both beds.

Interviews were conducted with both residents at this time. They both stated they use their bedside commodes and don't use their toileting. They like using their bedside commodes better. Further observation of their there was no privacy curtain. They were asked if they use their bedside commodes while the other was in the . They both stated they do. They were asked if they had any privacy when they use these commodes and they both stated they did not.

An interview was conducted with the Administrator on at 11:00 a.m. She stated she just threw away a privacy curtain because she did not use it anymore. She will provide Residents #1 and #2 with privacy while they use their bedside commodes.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on resident medications reviewed and staff interview, the facility failed to ensure 1 (Resident #4) of 2 residents had physician orders for some of his medications.

The findings include:

A review of Resident #4's medications and Medication Observation Record (MOR) showed he is taking: 300 mg (milligrams) every night, .4 mg take 1/2 hour after each meal and mg every night. A review of the physician orders dated showed there is no physician order for and the which is taken after the evening meal. A review of a physician order dated shows is to be taken twice a day. The physician order sheet dated shows he is to be taking 10 mg prn (when needed) for MOM 30 ml prn for 20 mg at night and plus 2 tabs at night.

An interview was conducted with the Administrator on at 1:30 p.m. She stated she does not have monthly medication list from the physician. She keeps the physician orders when the medications are changed. When Resident #4 was admitted to the facility the physician changed many of his medications. She thought these physician orders were in Resident #4's record. She will update this list of medications to reflect his current medications.

Class III

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0167-Resident Contracts 58A-5.025 FAC
Based on resident records reviewed and staff interview, the facility failed to have an accurate contract for 2 (Residents #4 and #5) of 2 residents reviewed.

The findings include:

A review of Residents #4 and #5's contract showed the letters ACLF (Adult Congregate Living Facility) throughout it. The facility is licensed at an Assisted Living Facility (ALF). The contract also showed the resident must to give a 45 day discharge notice to the facility. It did not show how many days notice the facility must give to the resident or responsible party for a discharge.

An interview was conducted with the Administrator on [redacted] at 10:50 a.m. She stated she will to update this contract to show it is an ALF and the residents will give a 30 day discharge notice and the facility will give a 45 day discharge notice.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Slc Of Sorrento, Inc.
336 Monet Drive
Nokomis, FL 34275

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on 2014 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 2014 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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