STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	05/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lamplight At Sarasota	743 S. Beneva Road Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:
These are the results of a Change of Ownership (CHOW) survey conducted from through at Lamplight of Sarasota, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC
Based on observation and interview, the facility failed to assist with Activities of Daily Living (ADL) for 2 (Residents #3 and #11) out of 22 residents.

The findings included

1. An interview was conducted with Resident #11's family member on at 3:30 p.m. She stated she visited her mother on Friday, She has the same outfit on today that she was wearing Friday. She knows she has not had a shower because of the way her hair is. This has happened before. She will visit her mother one day and then a few days later she will visit and has the same clothes on. They are dirty. She made a complaint to the nursing staff about this.

2. An observation on at 11:35 a.m. of Resident #3 wearing a peach colored blouse that appeared soiled down the front.

An observation on at 2:00 p.m. of Resident #3 wearing the same peach colored blouse as she was wearing the previous day and had more stains on it.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review, observation, and interview, the facility failed to follow the medication administration process for 5 (Residents #13,#15, #16, #17, and #18) out of 22 residents reviewed.

The findings included

An observation on at 4:00 p.m., of Staff H during morning medication assistance with Resident #16 revealed that staff did not sanitize her hands. She brought the Medication Observation Record (MOR), the medication packs, and a cup of apple sauce into the resident's Staff H informed Resident #16 of her medications. She gave the resident the spoon and the resident fed herself the medication and a cup of

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water. Staff H failed to compare the medication pack label to the MOR (Medication Observation Record). She returned to the med cart and sanitized her hands and initialed on the MOR.

An observation on at 8:35 a.m. of Staff I revealed that she sanitized her hands, compared the pack for Resident #17, to the MOR and initialed the MOR - prior to giving it to the resident. Staff I then popped the medication into a med cup, poured a cup of water and handed the resident both cups without informing the Resident #17 what the medication was. The resident took her medication. Staff I then instilled eye drops without sanitizing her hands or wearing gloves.

An observation on at 8:45 a.m., of Staff I with Resident #18 standing next to the med cart. Staff I did not sanitize her hands. Staff I compared the pack label to MOR and initialed the MOR. Staff I popped the pills into a med cup and handed the med cup with water to the resident. Staff I failed to inform Resident #18 of her medications. The resident's requested applesauce and she handed both cups to the resident, the resident took the medications. Staff I dated and initialed the patch for when the date was , donned gloves and went into the resident the patch to her lower back. Staff I left the med cart unlocked with medication on top of the cart while a surveyor was standing in front of the cart. The med tech returned to the med cart, sanitized her hands and locked the med cart.

An observation on at 8:35 a.m., of Staff I assisting with Resident #17 125 mcg and Resident #18 at 8:45 a.m. 25 mcg, as they were returning from breakfast, and both medications are scheduled on their MORs to be given at 6:00 a.m. Staff I assisted with the administration and then initialed in the boxes next to the 6:00 a.m. doses. There was no documentation on the back of the MOR as to the reason for the medication being given at a later time. should be given 1 hour before food intake.

During an interview on at 8:45 a.m. with the med tech, the surveyor asked if she could explain why she is passing a 6:00 a.m. for Resident #18 and Resident #17, she respond, "No, I don't know, I just I am."

An observation on at 9:23 a.m., of Staff I at her med cart as she was about to enter the Resident #15. Staff I was standing at the medication cart and had just locked it. The surveyor asked if she was done with her med pass and she responded, "No, I am about to give Resident #15 her meds. Do you want me to start over?" The surveyor responded, "No, to continue and will observe another." Staff I was observed to be holding a paper souffle cup and a cup of water. She did not have Resident #15's MOR with her. The surveyor observed Staff I knock on the resident's door, and enter saying "Resident #15 (resident's name) I have your medicine for you." Staff I was then observed to hand the resident's her medication cup without informing the resident of what was in the cup. The resident took the medication. Staff I left the I returned to the med cart.

An observation on 11:35 a.m., of Staff C for Resident #13, she did not sanitize her hands. Staff C removed the pack and took the meds and the MOR with a cup of water into the resident She locked the med cart. She read the meds form the MOR, popped it into the cup and gave the cup to the resident. As Resident #13 was taking the medication, he dropped one of the pills Staff was observed to pick it up with her bare hands from the floor and placed it back into the med cup and gave it to Resident #13. The resident's took the medication. The med tech returned to the med cart, initialed the MOR.

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on policy review, observation, and interview, the facility failed to ensure centrally stored medications are kept in a locked cart at all times for 3 (Residents #12, #13 and #14) out of 22 residents.

The findings included

1. During a tour on with Staff B at 10:22 a.m., in Resident #12's with the door unlocked, a paper souffle cup containing 7 pills was observed sitting on the bedside table. Staff C confirmed the observation and immediately removed the cup, stating the medication technician knows not to leave the pills for the residents or in their .

During a tour on with Staff B at 10:25 a.m., in Resident #13's with the door unlocked, an observation of a bottle of eye drops on his bed side table. Staff C confirmed the finding.

During a tour on with Staff B at 10:30 a.m., in Resident #14's with the door opened, an observation of a bottle of Flaxseed Oil 100 mg bottle, a bottle of Triple Lecithin 1200, a bottle of 250 mg, and a bottle of D -3 2000 Units was observed on a table near her bed. Staff B confirmed the observation.

During an interview with Staff B on at 10:35 a.m., she said that the residents that require assistance with self-administration of medications should not have medications in their . Their medication should be locked in the medicating cart.

A review of the Health Assessments (1823) for Residents #13, #14, and #15 revealed that they document the residents require assistance with medication.

2. An observation on at 8:45 a.m., of Staff I during morning medication pass for Resident #18. Staff I removed a Patch to apply to Resident #18. She dated the patch, incorrectly; and initialed the patch, donned gloves and went into the resident's applied the patch to her lower back. She left the med cart unlocked and with medication on the top of the med cart. There were residents in the vicinity, returning from breakfast.

3. An observation on at 1:00 p.m., with Staff K of the medication refrigerator in the nursing office. The temperature was confirmed with Staff K to be at 49 degrees and the ice box was frozen shut with water dripping over the bags and boxes of Staff K confirmed the unopened boxes of inside the refrigerator included the following:

- (36 degrees to 46 degrees): 10 boxes
- Lantus (not greater than 46 degrees): 3 boxes
- : (36 degrees to 46 degrees): 3 boxes
- : (36 degrees to 46 degrees): 2 boxes

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- Flex Pen (36 degrees to 46 degrees): 9 pens
- Flex Pen (keep / avoid freezing): 3 pens

A review of the Refrigerator Log on at 1:10 p.m., confirmed by Staff K, revealed that it documents on the refrigerator temperature was 47 degrees. On the staff failed to document any temperature and on the temperature was documented as 48 degrees. The staff failed to document a temperature on for the refrigerator. The freezer has not been checked from 5/1 to The Instructions on the Refrigerator Log states "Check the temperatures in both the refrigerator and freezer compartments. Place an X in the box that corresponds to the temperature on the day you are checking, and place your initials the 'Staff initial' section. Save each months completed form for 3 years, unless local/state jurisdictions require a longer retention period. If the recorded temperature under the shaded zones below, take the necessary actions to store the medications under proper conditions as soon as possible. Refrigerator temperature should remain at 40 degrees."

During an interview on at 1:10 p.m. with Staff K she stated the nurses complete the log each day. She was unable to explain why it hasn't been done or if anything has been when it is out of range. Staff K stated that the range is on the front of the form and that's what they follow. There is also the form under it with the range for the It corresponds with what is on the the boxes.

Review of the facility Medication Procedures Policy dated revealed that it documents in the Medication Storage section "Items which require refrigeration shall be stored between 38-46 degrees F unless otherwise indicated and shall be stored according to the route of administration. Medication shall be separate from any refrigerator used or food storage."

4. An observation on at 1:25 p.m. of expired in the nurse's cart, confirmed with Staff K, included the following:

- Resident #20 Flex Pen not dated
- Resident #21 Humalin R dated
- Resident #22

During an interview on at 1:30 p.m. with Staff K she stated that she knew the flex pen should have been dated and the vials of lin's are good for 28 days once opened.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on three of five personnel records reviewed and staff interview, the facility failed to ensure staff C, D, and E had the required training within 30 days of their employment.

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The findings include:

1. A review of Staff C's personnel record showed she was hired on . She provides direct care assistance for the residents. There was no documentation she had training in the areas of: Activities of Daily Living (ADL) & Behavioral needs, emergency & preparedness training, and incident reporting training.

2. A review of Staff D's personnel record showed she was hired on . She provides direct care assistance for the residents. There was no documentation she had training in the areas of: ADL & Behavioral needs.

3. A review of Staff E's personnel record showed she was hired on . She provides direct care assistance for the residents. There was no documentation she had training in the areas of: control, ADL & behavioral needs, emergency & preparedness, elopement training, incident reporting, resident rights, neglect and .

4. An interview was conducted with the Business Office Director on at 10:20 a.m. He stated he thought these staff had the required training and confirmed this documentation is not in their personnel record. He will look to see if there is documentation of these trainings elsewhere. The documentation for these trainings were not found.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on one of five personnel records reviewed and staff interview, the facility failed to ensure Staff E had training within 30 days of her being hired.

The findings include:

A review of Staff E's personnel record showed she was hired on . She provides direct care assistance for residents. There was no documentation in her personnel record showing she had training.

An interview was conducted with the Business Office Director on at 10:20 a.m. He confirmed this documentation was not in her record and stated he will ensure Staff E is provided this training.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel records reviewed and staff interviews, the facility failed to ensure 3 (Staff C, D, and E) of 5 employees had training in policy and procedure training within 30 days of being hired.

The findings include:

A review of Staff C, D, and E's personnel records showed they were hired on , and respectively. There was no documentation in their records showing they had training in policy and procedure training.

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An interview was conducted with Staff C on at 2:20 p.m. She was asked by the surveyor if she knew what a is and she responded, "No." Then she was asked if she knew what a is and she responded, "No."

An interview was conducted with the Business Office Director on at 10:20 a.m. He confirmed there was no documentation showing these staff had the training. He will ensure they will obtain this training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on resident interviews, observation of a test tray, a review of the posted menus, and staff interview, the facility failed to ensure the food served to the residents was palatable and failed to ensure that the correct menu was posted. The facility also failed to provide a therapeutic diet as prescribed to meet the need of 1 (Resident #3) out of 22 residents.

The findings include:

1. An interview was conducted with Resident #6 on at 10:30 a.m. She stated the food tastes "Awful." She did not want to go into detail.

An interview was conducted with Resident #10 on at 10:10 a.m. She also described the food as "Awful."

Resident #1 was interviewed on at 10:55 a.m. She stated, "...it's bland, no taste and boring. You get the same food."

Resident #2 was interviewed at 11:07 a.m. on She stated, "The food is not very good. It doesn't taste good..."

Resident #3 was interviewed on at 11:35 a.m. She stated, "I would say Oh My god, please give me a decent breakfast. They don't cook the food all the way, like scrambled eggs. Oatmeal is lumpy. Sometimes the rest taste good. I asked about the food and he said we put it on the table and if you want to eat it, eat it. I am on a diet."

2. Observation for lunch on at 11:45 a.m. showed several residents eating lunch in the dining Many residents were interviewed during this time. Several of the residents complained the food does not taste good. The pork was too tough and the stuffing was too sweet. They did not like it. One resident stated she was being "adventurous" and ordered the alternate meal (Taco salad). She did not like it. A test tray was ordered at 12:30 p.m. The food was tested. It was hot; however, the pork was tough. It was difficult for the surveyor to cut it. The bread stuffing did have a sweet taste to it.

3. Observation of the menus posted in the facility on at 11:30 a.m. showed the residents are to be served: pork, baked potato, red/green cabbage, bread and oranges. This menus shows it is week 2.

Observation on at 3:30 p.m., shows a menu was posted in the hall next to the activity The menu showed it is week 3 and the residents were to be served turkey, sweet potato, vegetable blend and sherbet.

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Observation on at 4:00 p.m., showed a menu was posted on the door of the kitchen. The menu shows it a week 4 and the residents are to be served: pork, bread dressing, steamed veggies, bread of the day and cake with frosting.

4. An observation on at 2:35 p.m., of the Diet Board in the kitchen did not include Resident #3. Resident #3 is on a Consistent Diet -CCHO. There were several other resident's observed on the Diet board there CCHO diets.

During an interview on at 2:40 p.m. with Staff J, when asked how he is aware of the residents' diet he responded, "The Resident care director will update the diet book and diet board."

During an interview on at 3:30 p.m. with Staff B, she said she was not aware of any dietary book / binder located in the kitchen.

A record review on of Resident #3's Biennial Baseline & Data Set dated documents the resident's Nutrition/Eating as 'Consistent Diet -CCHO/Limited Concentrated Sweets.

A record review on of Resident #3's Dietary Order Request dated revealed that it documents her diet as Regular. The form is kept in the binder in the kitchen and used as reference for the Food Director for the resident's diet.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel records reviewed and staff interview, the facility failed to have documentation within 30 days of her being hired that 1 (Staff C) of 5 employees was free from communicable

The findings include:

A review of Staff C's personnel record showed she was hired on . There was no health care provider statement verifying she is free from signs or symptoms of communicable

An interview was conducted with the Business Office Director on at 10:20 a.m. He stated he was not aware this was missing from her file and will obtain this information. He confirmed there is no communicable statement in Staff C's personnel record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lamplight At Sarasota
743 S. Beneva Road
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) survey that was completed on , 2014 by representatives 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 surveyors. 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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