STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	06/17/2014
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)		

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

Specific Tag Findings: A follow-up to the Change of Ownership (CHOW) survey for Lamplight at Sarasota, an Assisted Living Facility (ALF), was conducted from through .

The following citations were not corrected: A0028, A0052, A0055, A0081, A0082, A0090, A0093 and A0161.

The following is a new citation: A0058.

The following is a description of non-compliance:

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC
Based on observation during lunch and staff interview, the facility failed to provide Resident #16 with assistance with her Activities of Daily Living (ADL) when she was eating her lunch with her fingers.

The findings include:

Observation at 11:45 a.m. on showed Resident #16 in the dining . She was eating her lunch with her fingers. She was served ground meat, potato salad, and green beans. Two staff were in the dining all residents their meals. They both approached her several times while she is eating her food. They did not redirected her or assisted her to use her utensils throughout the course of her lunch. Another staff was in the dining at the entrance of the dining . She also did not assist or redirect Resident #16 to use a utensils. Her utensils were in a clear wrapper next to her dish. At 12:19 p.m., a different staff from the three mentioned came into the dining went to Resident #16. The staff told her to use her spoon. The staff opened the wrapper and gave Resident #16 her spoon and fork. Resident #16 started to use her spoon to eat her pudding. She was capable of using her spoon appropriately.

An interview was conducted with the dietary staff at on 12:30 p.m. He stated Resident #16 is not on finger foods.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on resident record review, observation, and staff interview the facility failed to follow the medication administration process for 3 (Residents #23, #24, and #25) out of 3 residents.

The findings include:

1. Observation at 10:15 a.m. on showed the med tech passing medications to the residents. She gave Resident #23 her pills. A review of the Medication Observation Record (MOR) some of these pills were

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, levothyroxin, , s, D3, albuteral, and folyeth gluc. At the time the staff gave the medications to Resident #23 she did not identify these pills for Resident #23.

2. Observation on at 10:45 a.m. showed the med tech washed and gloved her hands. Once she gloved her hands she handled the medication cart and touching the pills containers. Resident #24 asked her to put earrings on her. The med tech opened Resident #24's dresser drawer helped her put her earrings on and touching other items in her The med tech then put eye drops in both Resident #24's eyes without sanitizer her hands and changing her gloves.

A review of the MOR prior to the med tech giving Resident #24 her medications showed her signature was on each pill for

An interview was conducted with the med tech on at 10:50 a.m. She stated she prepared the medications before but Resident #24 was not ready at that time. She signed the MOR at that time. A review of the MOR showed the medications given to Resident #24 were: Benpreve, , aspir-low, and evothyroxin. The med tech did not identify these pills for Resident #24.

3. Observation at 10:40 a.m. on showed the med tech giving Resident #25 her pills as shown on MOR. She did not mention the names of the pills she was giving Resident #25. Also, when the med tech was taking the D3 pill out of the bottle she put the pill in her hand and then put the in the cup to give to Resident #25, contaminating it.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure all medications were secured.

The findings include:

Observations on at 10:55 a.m. and 1:20 p.m. showed Resident #26's medications, and drops, sitting on her bedside table. She has a who was observed to be in the Her was also unlocked. Observation on at 1:45 p.m. showed the same two medications sitting on her bedside table. Her was in the the was unlocked.

An interview was conducted with the Administrator at 2:00 p.m. on She stated she has notified all resident family members to lock all medications in the locked box they provided for them.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on three of three personnel records reviewed and staff interview, the facility failed to ensure Staffs G, H, and I had the required training in elopement, emergency procedure, incident reporting, and resident rights or the required time for this training.

The findings include:

1. A review of Staff G's personnel record showed she was hired on Documentation shows she had

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training in elopement on [redacted] for 15 minutes. The required time for this training is one hour. She had 30 minutes of training in emergency procedures and evacuation training on [redacted]. However, the required time is one hour training. She had 15 minutes of training in incident reporting on [redacted] and the required training is one hour.

2. A review of Staff H's personnel record showed she was hired on [redacted]. Documentation shows she had training in elopement on [redacted] for 15 minutes. The required time for this training is one hour. She had 30 minutes of training in emergency procedures and evacuation training on [redacted]. She had 15 minutes of training in incident reporting on [redacted] and the required training is one hour.

3. A review of Staff I's personnel record showed she was hired on [redacted]. There was no documentation she had training in elopement, emergency procedures, incident reporting, and resident rights.

4. An interview was conducted with the Resident Care Director and Business Office Manager on [redacted] at 11:30 a.m. They both stated the training did occur for Staff I but they are unable to find the documentation and they were not aware these training had time requirements.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on two of three personnel records reviewed and staff interview, the facility failed to train Staff H and I on [redacted] training.

The findings include:

1. A review of Staff H's personnel record showed she was hired on [redacted] and Staff I was hired on [redacted]. There was no documentation in their records showing they had training in [redacted]. There was no record showing they are either a CNA or a nurse.

2. Interviews were conducted with the Resident Care Director and Business Office Manager on [redacted] at 11:30 a.m. They both stated neither Staff H nor I are nurses or CNAs. They were not aware they both lacked this training.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on three of three personnel records reviewed and staff interview, the facility failed to ensure Staff G, H, and I had the required amount of time for [redacted] Training [redacted].

The findings include:

A review of Staff G, H and I's personnel records showed they had [redacted] training on [redacted], and [redacted] respectively. The documentation on their certificates for this training showed it was 30 minutes. The required training is one hour.

Interviews were conducted with the Resident Care Director and Business Office Manager on [redacted] at 11:30 a.m. They both stated they were not aware the required time for this training is one hour.

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Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, resident interviews and staff interview, the facility failed to ensure the correct menu was posted and made available.

The findings include:

Observation at 11:45 a.m. showed the lunch being served was tuna salad sandwich with pasta salad or sausage with onions and potatoes. A review of the menu that was posted in the dining the same. This menu had week 2 cycle 1 on the top of the paper. Observation at 12:00 p.m., showed another menu posted outside the dining It shows week 2, cycle 2. The lunch to be served was pork loin, baked potato, cabbage and mandarin oranges or chicken tenders, french fries and salad.

Interviews were conducted with two residents sitting outside the dining this menu was posted. They both stated they are expecting pork loin for lunch. Another resident was interviewed while she was sitting outside the dining for lunch. She said she overheard someone say they are serving tuna fish for lurch. "They aren't following the menu."

Observation at 12:24 p.m. on showed a menu posted in the hall next to the activity area. This menu was week 3, cycle 11. It showed lunch is turkey, sweet potato, and vegetable blend or egg salad plate.

An interview was conducted with the administrator on at 5:00 p.m. She stated she look down the wrong menus and posted the correct ones. She continues to have problems with the contracted dietary staff.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on two of three personnel records reviewed and staff interview, the facility failed to ensure Staff G and H had documentation from a health care provider verifying they are free from signs or symptoms of communicable

The findings include:

1. A review of Staff G's personnel record showed she was hired on . A physician statement dated was in her record showing she is free from signs and symptoms of communicable This statement needs to be completed within 6 months of being hired.

2. A review of Staff H's personnel record showed she was hired on . There was a physician note dated showing there is "No acute

An interview was conducted with the Resident Care Director on at 12:15 p.m. She stated Staff H has to have a chest x-ray and does not get the test. However, the physician's statement needs to include communicable

Class III

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 State Licensure Revisit Survey completed on
17, 2014 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 are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC).

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.**

Directed Corrective Actions:

The facility will employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 14 days of this notification of the uncorrected Class III Medication deficiencies (A0052 and A0055) identified on

The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license.

The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit.

Mail a copy of the Consultant Pharmacist's corrective action plan to:

Harold D. Williams, Field Office Manager

Agency for Health Care Administration

Lamplight At Sarasota
, 2014

Health Quality Assurance

2295 Victoria Avenue,

Fort Myers, Florida 33901

The Consultant Pharmacist must be retained and provide quarterly updates until such time as the Agency has verified the correction of all medication systems.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

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

Headquarters
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Tallahassee, FL 32308
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