STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	08/05/2014
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2014006639 and CCR #2014006707 conducted on ... at Lamplight, an Assisted Living Facility (ALF) located in Sarasota Florida.

CCR #2014006639 had 4 allegations; one allegation was substantiated with citations at A0025 and A0055.

CCR #2014006707 had 4 allegations; one allegation was substantiated with a citation at A0025.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on a review of 4 residents for multiple ... and interview with administrative staff, the facility failed to ensure there are practices in place to prevent ... for 4 (Residents #29, #30, #31, and #3) of the residents reviewed.

The findings include:

1. Review of accident incident reports revealed:
Resident #3 ... in the facility on ... and ...
Resident #29 ... on ...
Resident #30 ... on ... and ...

2. An interview with Resident #3 on ... at 10:45 a.m., revealed a recent ... The resident reported she ended in the hospital for a period of a few weeks. The resident was unsure if the hospitalization was related to the ... or not. Record review of Resident #3's record revealed the resident had an old ... 2 ... from an automobile accident in 2013. Resident #3 had ... on ... and ...

3. During an interview on ... at 10:45 a.m. with Resident #31 she stated "The staff treats me nice here. They don't yell at me. The staff helps me get dressed and washed up in the morning. They are very gentle with me. No one has been rough with me. I did ... recently. I was sitting on my seat waiting for lunch. I went to get up and lost my balance. I ... and hit my head on a table. I had to go to the hospital and I got 2 stitches. I stayed in the hospital for 3 weeks. I don't why I stayed so long, I know they did X-rays, but I don't know why. I don't sit on the seat in my walker anymore. I am more careful about standing up. Since I have been back they have said for me to do anything different for me not to ... The nurse gives me my medication in a cup and I take it. She watches me. They never ran out of medications."

4. An interview was done with the Resident Care Director on ... at 2:00 p.m. During the interview, she was asked what type of intervention the facility had initiated when residents had frequent ... She explained she had started about 3 weeks ago in her position and had not implement any interventions for the residents who had frequent ... She stated the previous company that owned the facility did not have any type of ... prevention in place for any of the residents.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	08/05/2014
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)		

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to properly store/dispose of expired medication.

The findings include

On [redacted] while conducting a medication cart check for expired medications the following was observed:

At 2:05 p.m. on Cart #1 with Employee K for Resident #5 a ½ bottle of [redacted] Tablets expired on [redacted] Employee K confirmed this expired medication was on the cart..

At 2:12 p.m. on Cart #2 with Employee L for Resident #6 [redacted] take 2 tablets by mouth every night at bedtime. Use by [redacted] Employee L confirmed this medication remained on the cart.

At 2:30 p.m. on the Nurse's Cart with Employee G for Resident #7 observed an opened vial of [redacted] that was not dated. Employee G confirmed this finding at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: CCR #2014006639 & 2014006707

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted 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 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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