STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	08/13/2014
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)		

Revisit Corrected Tags:
0078-Staffing Standards - Staff-08/13/2014
0081-Training - Staff In-Service-08/13/2014
0152-Physical Plant - Safe Living Environ/other-08/13/2014
0162-Records - Resident-08/13/2014
0167-Resident Contracts-08/13/2014

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:
An unannounced follow-up survey to the Biennial survey was conducted on 8/13/14 at SLC of Sorrento, an Assisted Living Facility (ALF) in Nokomis, Florida.

All previous citations were cleared during the survey. One new citation was issued at A0054.

The following is a description of non-compliance:

0054-Medication - Records 58A-5.0185(5) FAC
Based on interview and record review, the facility failed to provide required documentation on the Medication Observation Record (MOR) for 1 (Resident #2) of 2 residents sampled.

The findings include:

Record review for Resident #2 revealed the facility failed to document the medication route and frequency on the MOR.

Interview with Staff B on [redacted] at 4:05 p.m., revealed that she was unaware that these required elements need to be on the Medication Observation Record. She stated, "The square on the sheet is too small to add the frequency of medications. I know how often the medications need to be given."

Class III

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

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

0162-Records - Resident 58A-5.024(3) FAC

0167-Resident Contracts 58A-5.025 FAC

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 revisit survey conducted on , 2014 by representatives 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 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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