STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	**09/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sea View Inn At Forest Lakes	**3548 Sea View Street Sarasota, FL 34239**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced monitoring survey was conducted on at Sea View Inn, an Assisted Living Facility in Sarasota, Florida.

The following is a description of the deficiency cited:

Based on record review and interview, the facility failed to obtain a new Health Assessment AHCA Form 1823 after a significant change for 1 (Resident #1) of 3 residents reviewed.

The findings include:

An interview with the live-in manger on at 2:38 p.m., revealed Resident #1 had been to a Crisis Stabilization Unit (CSU) on and did not return until

Record review on revealed the following progress notes:
"He talk himself and laughing."
"He talk himself and laughing."
"He talk himself and laughing. MOR TIME."
"He talk himself and laughing. MOR TIME. call FACT team."
"He talk himself and laughing. MOR TIME. call FACT team. We call Fact Team."
"He talk and fighting himself day and night to loudly, the other residents afraid him. I will call 911 (Saturday) The 911 by the law do not bring from ALF to Hospital. I call Fact Team 2 times. I leave message."
"6:20 pm (Resident #1) me at front of my Hit me two time on my stomach. I call the 911 they take off from here. I asked about (resident medicines, the police told not need. I called (resident's) mother - message. I call Fact Team."

When asked if a new AHCA Form 1823 was obtained from the CSU Physician at the time of the resident's return. The live-in manger stated he only had a physician's note, and did not think he needed a new AHCA Form 1823. A review of the physician note stated, "To whom it may concern, (resident name) was hospitalized from thru under my care. They may resume residing in an assisted living facility without any limitations." It was signed by a physician. No Health Assessment AHCA Form 1823 or other information, list of medication changes or instructions were obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sea View Inn At Forest Lakes
3548 Sea View Street
Sarasota, FL 34239

Dear Administrator:

This letter reports the findings of a state monitoring 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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

HW: ar
Enclosure(s)

TBB2

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