STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943120	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Croton Manor	2512 Croton Avenue Sarasota, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= B
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B

Specific Tag Findings:
These are the results of a Biennial survey that took place on at Croton Manor an Assisted living Facility (ALF) located at Sarasota, Florida.

The following is description of non-compliance:

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to properly record directions from Physician order to Medical Observation Record (MOR) sheet for 1 (Resident #4)of 1 sampled resident.

The findings include:

Review of the MOR for Resident #4 revealed that it listed 20 mg /5 ml, give 5 ml by mouth 8:00 a.m., 12:00 p.m. and 4:00 p.m.

The label on bottle for 20mg per 5 ml: take 5 ml (20 mg) by mouth every morning then at noon then at bedtime. The label matched the physician order, but did not match the MOR.

During an interview on at 12:10 p.m. Resident #4 stated, "I do not go to bed at 4 pm."

Staff B, who is responsible for assisting Resident #4 with Self-Administration of her medications, stated on at 12:14 p.m. that he assists the resident at 4:00 p.m. with the PRN (as needed) dosage when resident requested it and the regular dosage is given at 8:00 p.m., however the MOR did not reflect this.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility's Administrator failed to receive at least one hour of training in the facility's policies and procedures regarding within 60 days after the effective date of this rule.

Based on record review and interview, 1 (Staff B) of 1 sampled staff failed to obtain at least one hour of training in the facility's policies and procedures regarding within 30 days of employment.

The findings include:

1. Record review for Staff A (Administrator hired found no documentation of at least one hour of training in the facility's policies and procedures regarding

2. Record review for caregiver/Staff B revealed that he was hired Further review revealed that no documentation of training in the facility's policies and procedures regarding within 30 days of employment.

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3. The Administrator acknowledged on at 4:00 p.m. that herself and staff B lacked one hour of training in the facility's policies and procedures regarding

Class

0167-Resident Contracts 58A-5.025 FAC
Based on contract record review of 2 (Residents #1 and #3) out of 2 residents and staff interview, facility failed to obtain the required information on the residents' contracts.

The findings include:

Review of Resident #1 and #3's facility's admission package revealed that the following was missing from the residents' contracts: The facility's policies and procedures related to a properly executed

During an interview on at 4:00 p.m., the Administrator acknowledged that the contract did not include the components needed.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Croton Manor
2512 Croton Avenue
Sarasota, FL 34239

Dear Administrator:

This letter reports the findings of a state licensure 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,

Jon Seehawer,
Acting Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida