STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	727 Hudson Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= B
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:
An unannounced Biennial survey was conducted at Alderman Oaks, an Assisted Living Facility in Sarasota, from through . The facility received citations as a result of this survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview, and review of CDC (Centers for Control) guidelines for basic hand hygiene, the facility failed to ensure staff and two (Resident #14 and #3) of three sampled residents reviewed for administration followed the standard of practice for hand washing. In addition, the facility failed to ensure food service was conducted in a sanitary manner during the noon meal.

The findings include:

1. Observation on at 11:43 a.m. during self-administration of for Resident #14 showed Staff F remove a plastic bag out of the medication cart. The contents of the plastic bag contained a glucometer, lancets, swabs and glucometer test strips. While standing at the medication cart, Resident #14 removed the contents of the bag and emptied them onto the pull-out tray on the side of the cart. After pricking her finger and obtaining a sample, Resident #14 laid the glucometer on top of the tray. Once the sample was read, Resident #14 removed the test strip from the glucometer and placed the glucometer into the bag along with the other items. She tossed the sample into the trash next to the cart. Resident #14 did not sanitize her hands. Staff F placed the bag into the medication cart, removed an pen out of the cart, and locked the cart. Staff F did not sanitize her hands. Resident #14 and Staff F walked into the public to the dining .

Resident #14 dialed 5 units on her pen, pulled her pants down, wiped the inside of her right upper inner thigh with an swab and injected 5 units of into her upper right thigh.

Without washing or sanitizing their hands, Staff F and Resident #14 exited the . Resident #14 went to lunch and Staff F continued assisting other residents with medication self-administration.

2. Observation on at 11:49 a.m. during self-administration of for Resident #3 showed Staff B remove a plastic bag out of the medication cart. The contents of the plastic bag contained a glucometer, lancets, swabs and glucometer test strips. While standing at the medication cart, Resident #3 removed the contents out of the bag and emptied them onto the top of the medication cart. After Resident #3 pricked her finger and obtained a sample, Resident #3 layed the glucometer on top of the cart. Once the sample was obtained and results verified, Resident #3 removed the test strip from the glucometer and placed the glucometer into the bag along with the other items. She tossed the sample into the trash next to the cart. Resident #3 did not sanitize her hands. Staff B placed the bag into the medication cart, removed an pen out of the cart, and locked the cart. Staff B did not sanitize her hands. Resident #3 and Staff B walked into the public to the dining .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	727 Hudson Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

After verifying the correct dose, Resident #3 lifted her shirt and wiped the right lower quadrant of her abdomen with an swab. She injected the into her abdomen, lowered her shirt and without washing her hands, Resident #3 left the went to lunch. Without washing or sanitizing her hands, Staff F left the , walked over to the medication cart, and continued assisting other residents with medication self-administration.

3. In an interview on at 12:00 p.m., Staff F said she couldn't be sure if residents are cleaning or their glucometer's. She said she thought the night shift did it.

4. On at 12:10 p.m., the Nurse Consultant (NC) acknowledged Residents #14 and #3 as well as Staff F and Staff B should have washed or sanitized their hands. She stated, "Especially when leaving the She said she wasn't sure whether residents were being assisted in or cleaning their glucometer's.

5. According to the Centers for Control (CDC) guidelines entitled, "Hand Hygiene Basics", the following was noted:"...Hand hygiene is one of the most important ways to prevent the spread of Healthcare providers should practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with , body fluids, or contaminated surfaces (even if gloves are worn); before procedures; and after removing gloves..."

The facility failed to ensure staff and residents were following the standard of practice for basic hand hygiene in an effort to prevent or the transmission of harmful

6. On at 12:00 p.m. during the lunch meal on the first floor observation showed the kitchen staff serving residents their food. The kitchen staff was observed using a towel that is wrapped around her hand and handling the plates with this towel. Part of the towel is hanging down from her hand. This part of the towel is touching several surfaces such as: kitchen counters, serving tray, the food on the plates being served to the residents and the tables and chairs in the dining residents are using. The kitchen staff also was observed using her fingers to put the lemon and orange wedges on the residents' plates. An interview was conducted with the kitchen staff on at 12:15 p.m. She said the reason why she uses the towel is the plates are hot and it her hands.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to ensure 1 (Staff B) of 3 personnel records reviewed for direct care, had the appropriate training for incident reporting.

The findings include:

1. A review of Staff B's personnel record showed she was hired as direct care staff in A review of her incident report training showed she completed this on Documentation of this training showed the amount for his training was ".25 hours" (15 minutes). An interview was conducted with the nurse consultant on at 11:10 a.m. She reviewed Staff B's personnel record and stated she will look into this matter.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	727 Hudson Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have a system to determine whether emergencies foods were available for use and within their expiration dates.

The findings include:

1. Observation in the presence of the Executive Director (ED) and Food Service Manager (FSM) on at 12:19 p.m. showed the emergency supply with numerous boxes of food items which included corn beef hash, chili, mashed potatoes, pork and beans, chicken and dumplings, and beets, with a date marked on the outside of the boxes of . A box of water was labeled with a "best by" date of . A box of bean with bacon soup was dated .

The FSM opened several of the boxes which failed to show expiration dates on the cans.

2. In an interview during this observation, the ED and FSM were not sure what the dates meant on the boxes or whether the foods were expired. They said they had no tracking mechanism in place to determine whether foods were expired. The FSM said he was new to the facility and wasn't sure whether any of the food was ever rotated. Neither staff member knew how long the boxes of food had been sitting on the shelves.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations, resident and staff interviews and records reviewed, the facility failed to ensure residents' carpets in their are clean and the light bulbs in their are working.

The findings include:

1. The initial tour of the facility on at 11:10 a.m. revealed the carpets in resident 201, 202, 214 and 215 are stained with black substance throughout the .
An interview was conducted with Resident #10 at 10:00 a.m. She said the facility cleans the carpets but they don't come clean.
An interview was conducted with the administrator on at 9:30 a.m. He said the carpets get cleaned on a regular basis and these stains will come clean.

2. During the initial tour of the facility it was also observed in 214, 216, 212 and 213, a light in the burnt out.
An interview was conducted with Resident #3 on at 9:45 a.m. She said she told the staff about the burnt out light in her week ago but they have not changed it yet. A interview was conducted with Resident #12 on at approximately 10:00 a.m. She said she told a staff a few days ago about this burnt light bulb but it has not been replaced. yet.
The other two residents in 214 and 216 did not know their lights were burnt out.
An interview was conducted with the administrator on at approximately 10:00 a.m. He stated the residents can request these bulbs to be changed by telling the front desk staff or any staff and a work order will be created.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	727 Hudson Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A review of the work orders show there was no requested to change these burnt out light bulbs.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on a review of the facility contract, a review of the facility license, records reviewed and staff interview, the facility did not have the required information in their contract.

The findings include:

A review of the contract was conducted on at 2:30 p.m. The following is missing from the contract:

1. - A list of specific services the facility provides.
A review of the facility license on showed they provide Limited Nursing Services. A review of the contract shows they do not mention their Limited Nursing Services.

A review of Residents #1 and #4's contract showed there is no mention of the Limited Nursing Services.

An interview was conducted with the administrator on at 3:40 p.m. He stated if a resident requires Limited Nursing Services they will provide them an addendum to the contract explaining the Limited Nursing Services.

2. - The purpose of any advance payments or security deposits.

A review of Resident #4's contract dated showed she paid a security deposit of $4,500.00. There was no explanation on the contract for this security deposit.

An interview was conducted with the administrator on at 3:40 p.m. He stated he was not aware this contract did not have this explanation for the security deposit.

3. - A provision that residents must be assessed every three years after admission.

The contract shows the resident will be assessed on admission and on an "as needed basis thereafter."

An interview was conducted with the administrator on at 3:40 p.m. He stated the contract will be updated to show at least every three years and when needed.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964447	02/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alderman Oaks Retirement Cente	**727 Hudson Avenue Sarasota, FL 34236**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel records reviewed and staff interview, the facility failed to have an updated background screening completed for 1 (Staff B) of 5 personnel records reviewed.

The findings include:

1. A review of Staff B's personnel record showed she was hired . The background screening in her personnel record showed it was completed on . A review of Staff B's application showed her last employment was from through to constitutes more than a 90 day break in employment.

2. Interview with conducted with the nurse consultant on at 11:10 a.m. She reviewed Staff B's personnel record and could not find an updated background screen associated to her hire date.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Alderman Oaks Retirement Cente
727 Hudson Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 11-12, 2015 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, RN
Field Office Manager

JS
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