STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	03/02/2015
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)		

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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:
An unannounced Complaint Survey CCR# 2014012479 was conducted on at SLC Sorrento, An Assisted Living Facility in Nokomis, FL.

The complaint contained two allegations, one of which was substantiated without deficiencies. The facility also received 2 additional citations as a result of this survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, facility failed to ensure resident rights were protected in the areas of a clean and sanitary environment.

The findings include:

Standard practice in assistance with self-administration of medications requires personnel to wash hands or use hand sanitizer before and after assisting with medications.

From the Centers for Control website at <http://www.cdc.gov/handhygiene/Basics.html>

Hand Hygiene in Healthcare Settings, Hand Hygiene Basics:
" 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 (wearing gloves is not enough to prevent the transmission of in healthcare settings). "

On at 2:11 p.m. observation during medication assistance, Staff A was seen returning from assisting a resident with medications. The medications were returned to storage and medications for Resident #1 were retrieved. Staff A then carried the medications to the Resident #1. Staff A opened a bottle for 50 mg tablets and placed two tablets into her hand. She then placed the tablets into a plastic medicine cup. Staff A opened a bottle of 600 mg tablets and placed one tablet into her hand. She then placed it into the medicine cup. The resident swallowed the medications with the water provided. Medications were returned to the cabinet. Staff A failed to wash her hands or use hand sanitizer between residents while passing medications or after handling medications for Resident #1.

During an interview on at 3:45 p.m., Staff A said she knows she should have washed her hands and put the medication directly into the medication cup.
The Administrator stated, "She knows better, and I just discussed this with her."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview, the facility failed to return medications to 1 (Resident #5) of 3 discharged residents reviewed and/or dispose of expired medications from central storage.

The findings include:

On at 2:45 p.m., observation of facility's medication storage cabinet revealed 4 bottles of expired over the counter bottles. The first bottle is Citracal + D3 Petites expired in , opened bottle containing only the manufacturer label. The second bottle is Centrum Silver Women 50+ expired in an opened bottle containing only the manufacturer label. The third bottle 600 mg + D3 400 units, expired in a sealed bottle containing only the manufacturer label. The fourth bottle, contained a pharmacy label for Resident #5, D 600 mg plus , expired .

Review of the facility's admission/discharge log shows Resident #5 was discharged from the facility on .

Interview with on at 2:50 p.m., the Administrator confirms the cabinet is used to store only resident medications and first aid supplies. When questioned about the , she stated "Those do not belong to anyone here. Normally we throw them out or give them back to the family. I will throw them out now."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Slc Of Sorrento, Inc.
336 Monet Drive
Nokomis, FL 34275

RE: CCR #2014012479

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative 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 surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Laura Wertz for

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