STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	08/25/2015
NAME OF PROVIDER OR SUPPLIER **BAY VILLAGE OF SARASOTA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8400 VAMO ROAD** **SARASOTA, FL 34231**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on through at Bay Village of Sarasota, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The following is a description of the deficiencies:

0008 Admissions - Health Assessment

Based on a review of sampled comprehensive record review and interview with administrative staff, the facility failed to ensure 1 (Resident #10) of 2 resident records had a complete health assessment.

The findings included:

Review of Resident #10's health assessment dated revealed there was no documentation of the medication mode noted on the assessment.

On at 3:00 p.m., the Director of Health Services agreed there was no documentation on the health assessment form 1823 about the medication mode.

Class

0052 Medication - Assistance with Self-Admin

Based on observation of medication pass and interview with administrative staff, the Licensed Practical Nurse (LPN) passing medications failed follow assistance with medications requirements for 3 residents (Residents #4, #7, and #8) of 3 residents reviewed.

The findings included:

The requirements for providing assistance with medications includes the identification of the medications to the resident who are provided with assistance with medications.

On , at 1:05 pm, the surveyor observed the LPN passing medications to Residents #4, #7, and #8. The LPN washed his hands, removed the medication cards from the medication cart that were listed on the residents' Medication Observation Record (MOR), popped the pills into med cups, brought the medications to each of the residents. After asking the resident to state their names, the medication cup and water were given to the resident. The resident was observed taking their medications. The LPN did

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not identify the medications to the residents.

The health assessments form 1823 for Residents #4, #7, and #8 were reviewed for medication modes. Each health assessment identified these residents as requiring assistance with medication, not administration.

On , at 1:30 p.m., the Director of Health Services, agreed the LPN should have identified the name of the medications to the 3 residents. She said all residents needing assistance should have medications identified.

Class III

N277 LNS - Resident Care Standards

Based on a review of 2 residents receiving limited nursing services, and interview with administrative staff, the facility failed to ensure 1 (Resident #10) of 2 residents reviewed received nursing care as ordered by the physician.

The findings included:

Resident #10 had physician's orders for the nurse to provide care by washing the area with normal " and the application of a dressing with xeroform, and a clean dry dressing. Review of the documentation of the care revealed the is being cleansed, but no dressing has been done since / .

On at 3:00 p.m., the Director of Health Services, said the dressing was stopped per the resident request. There was no no documentation in the record the physician had been notified the resident was refusing the dressing and there was no order obtained for a different care. The Director of Wellness agreed she could not find any documentation showing the physician was notified.

Class III

N278 LNS - Records

Based on a review of resident records of residents receiving Limited Nursing Services (LNS) and interview with administrative staff, the facility failed to ensure monthly nursing assessment for LNS residents were performed as required for 1 (Resident #10) of 2 of the residents reviewed.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

A review of Resident #10's resident record revealed the resident was placed on LNS services in for l care. Further review revealed there was a monthly summary documented in the record for / and . There was no monthly summary present in the record for .

On / at 3:00 p.m. it was confirmed with the Director of Health Services there was no monthly assessment for the month of .

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bay Village Of Sarasota, Inc.
8400 Vamo Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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