STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911459	**09/02/2015**
NAME OF PROVIDER OR SUPPLIER **THE FOUNTAINS AT LAKE POINTE W**	STREET ADDRESS, CITY, STATE, ZIP CODE **3270 LAKE POINTE BLVD SARASOTA, FL 34231**	

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

0000 Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on / / through / / at The Fountains at Lake Pointe Woods, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The following is a description of the deficiency:

0025 Resident Care - Supervision

Based on observation, record review, and interview with administrative and clinical staff, the facility failed to ensure 1 (Resident #11) of 2 comprehensively reviewed residents received supervision to meet the needs of the resident related to weight loss.

The findings include:

1. Resident #11 was observed during the initial tour at approximately 10:30 a.m. on / /. The resident was sitting in a chair, fully dressed. The resident was nonverbal and appeared to be thin.

A review of Resident #11's record revealed the resident was totally dependent in all Activities of Daily Living (ADL) (bathing, dressing, eating, ambulation, , toileting, and transfers). The resident is receiving hospice care. The resident also has a .

Resident #11's weight record showed the following information: / weight 126 pounds;
/ / , 119.6 pounds;
weight 114.4;
weight 113;
/ weight 110.6;
weight 108;
/ weight had 2 notations one 103.5 and 102.6.

This reflects an 18% weight change since . From 2014 to of 2014, the resident had a 10.3% change in weight. On / , there was a fax communication to the doctor stating the resident had a 7 pound weight loss, and that hospice was notified of the change. On / , there was a note indicating the facility met with hospice nurse to discuss the plan of care. The note also stated the resident had a good appetite, but is continuing with weight loss. The family refused a dietary consult and wished no aggressive care. There was no further documentation in the record about the resident's continued weight loss.

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On /, there was a physician's order for a mechanical soft diet, all liquids to be nectar thickened consistency, discontinue Boost (dietary supplement) and Nectar thickened milkshakes 2 times a day. On /, there was a diet notification (communication between the nursing staff, and the dietary department) stating nectar thickened liquids, and the milk shakes for 2 times a day.

On / at 2:04 p.m. Staff E said reported the resident was taking honey thickened liquids but the kitchen thickens them for the staff. She reported the resident does not get any milkshakes during meals. She said the resident ate very slowly and did not eat that much. The resident always ate her oatmeal at 100% when it offered. On / at 2:38 p.m., Staff F who works in the dining the resident does not get milk shakes at meals. The food service director, the executive chef, and the dining , all agreed the resident does not get milkshakes although they had a communication sheet stating she should. They did not know why the resident was not receiving the ordered milkshakes.

On / at 3:06 p.m., the hospice nurse said hospice provided an aide to provide bathing care, and 2 of the days the aide assists the resident with eating. They do not track how much the resident is eating. She was unaware the resident was not receiving the milk shakes as ordered.

On / at 11:00 a.m., the resident's hospice nurse said the hospice philosophy for food is to encourage the resident to eat, but not to force food. On / at 10:25 a.m. the Director of Nurses, reported she was unaware of the resident's preference for oatmeal, and indicated the resident should have more oatmeal for breakfast. At 10:25 a.m., the Administrator reported they were not intervening with the usual interventions they do for weight loss, because the resident was a "hospice patient."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Fountains At Lake Pointe W
3270 Lake Pointe Blvd
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 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. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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

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