STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	07/20/2015
NAME OF PROVIDER OR SUPPLIER **LAMPLIGHT AT SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **743 S. BENEVA ROAD** **SARASOTA, FL 34232**	

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

0000 Initial Comments

An unannounced Complaint survey for CCR# 2015004061 and CCR# 2015007072 was conducted on / and / at Lamplight of Sarasota, an Assisted Living Facility (ALF) in Sarasota, Florida.

The following is description of deficiency.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to be aware of the general safety of 2 (Residents #1 and #13) out of 2 residents sampled.

The findings include:

1. Record review of Resident #1 revealed 8 since including twice on , twice on , / / , , / , and / / . Review of Health Assessment dated / / under Activities of Daily Living (ADL's) revealed a health care provider's order for assistance with ambulation and transferring.

2. On / at 11:00 a.m., Staff B, Director of Nursing, said they did not have a plan in place for prevention of for Resident #1. Staff B also said she was aware one , but not the second one for Resident #13?

3. Record review of Resident #13's Health Assessment dated under Activities of Daily Living revealed a health care provider's order for supervision with transferring and ambulation. On at 3:15 p.m., Resident #13 stated, "I yesterday and went to the hospital and came back in the evening, and when I tried to get into bed, I again." She said she does not get assistance with transferring.

Class III

0028 Resident Care - Activities of Daily Living

Based on record review and interview, the facility failed to offer supervision or assistance in Activities of Daily Living (ADL) for 4 (Residents #1, #13, #20 and #21) out of 4 residents sampled.

The findings include:

1. Record review of Resident #1 revealed a health care provider order for assistance with ambulation,

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toileting and transferring. The facility had not set a schedule to ensure this resident's needs are met. The wife resides in the [redacted] Resident #1. She attempts to assist her husband, which periodically resulted in the [redacted]. The wife is currently hospitalized with a broken hip. Resident #1 has [redacted] 8 times since [redacted] including twice on [redacted], twice on [redacted], [redacted], [redacted], [redacted], and [redacted].

2. Record review of Resident #13 revealed health care provider orders for supervision of ambulation and transferring. Resident had 2 [redacted] on [redacted].

On [redacted] at 3:15 p.m., Resident #13 stated, "I [redacted] yesterday and went to the hospital and came back in the evening, and when I tried to get into bed, I [redacted] again." She said she does not get assistance with transferring.

3. Closed Record Review of Resident #20 (discharge date [redacted]) revealed the resident [redacted] on [redacted] after slipping in the [redacted]. Resident was sent to the hospital, and onto a Rehabilitation facility on [redacted]. The Resident's daughter requested discontinuance of her mother's lease with facility on [redacted] due to her mother's deteriorating condition. Record review of Resident's Health Care Provider order, dated [redacted], revealed the resident required assistance with ambulation, bathing, dressing, toileting and transferring.

4. Closed Record Review of Resident #21(discharge date [redacted]) revealed the resident had [redacted] from her bed on [redacted] and [redacted]. Record Review of Health Care Provider order, dated [redacted], revealed the resident required supervision with ambulation, toileting and transferring.

4. On [redacted] at 2:50 p.m., Staff F, a Hospice Registered Nurse, said Resident #1 has been receiving Hospice services since [redacted]. She said she has repeatedly spoken to administration regarding this resident's issue with [redacted]. She said the facility needs to have a plan in place to prevent [redacted] for Resident #1, but she has not be able to get them to put one in place.

5. On [redacted] at 11:00 a.m., Staff B, Director of Nursing, said they did not have a plan in place for prevention of [redacted] for Resident #1. Staff B also said she was aware one [redacted], but not the second one for Resident #13?

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to refund a discharged resident's funds within 45 days for 1 (Resident #19) out of 2 Residents sampled.

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The findings include:

1. Resident #19 discharged from facility when she expired on . Her cleared of all belongings by that date.

2. Staff C reported on / at 3:10 p.m., Resident #19's family called facility in early about a refund. The Facility sent a check in the amount of $2,733.68 on to the resident's family. The check date was .

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to document medication each time it was given, and any missed doses on the Medication Observation Record (MOR) for 12 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12) out of 12 resident records sampled.

The findings include:

1. Review of the Facility Policy for Resident Medication Refusal states, "If a resident refuses their medication for 3 consecutive doses, the attending physician and family /POA will be notified."

2. Medication Observation Record (MOR) Review for dates: / through / revealed missed doses of medication for Residents #1, #2, #3, #4, and #5.

Resident #1, no documentation of at 10:00 p.m. on , and (scheduled medication) on at 8:00 p.m. No documentation of at 8:00 p.m. on , and no reason documented why medication was not documented as given.
Resident #1's Medication Observation Record (MOR) reviewed for / / through / revealed the health care provider order for 500 mg tablet by mouth daily for 10 days. The resident is documented to have received the medication for 11 days.

Resident #2 (discharged resident), showed no documentation of at 12 noon on / , and no documentation of on and no reason documented why medication was not documented as given.

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Resident #3, on , showed no documentation of Vesicare at 8:00 p.m., and 8:00 p.m. pain tab, and no reason documented why medication was not documented as given.

Resident # 4, on , showed no documentation of at 5:00 p.m., and no reason documented why medication was not documented as given.

Resident #5, on /15 and / resident refused 5:00 p.m. , and no reason documented why. On / no documentation of at 5:00 p.m., at 8:00 p.m. and at 8:00 p.m. No reason documented why medication was not documented as given. On , , / and / Resident #5 refused 8:00 a.m. doses, documented "nurse notified" on . Review of Resident record revealed no health care provider notified of refused medication.

3. Medication Observation Record (MOR) Review for dates / through / revealed missed doses of medication for Residents #6, #7, #8, #9, #10, #11, and #12.

Resident #6's medication at 8:00 a.m. on / was not documented as given, and no reason documented why medication was not given.

Resident #7's medication at 8:00 a.m. was not documented as given on / , / , / , / , , and no reason documented why.

Resident #8's medication 8:00 p.m. on / was not documented as given, and no reason documented why.

Resident #9's Ensure not documented as given on at 3:00 p.m. and 7:00 p.m., and no reason documented why.

Resident #10's Ensure was not documented on and at 3:00 p.m., and no reason documented why.
Resident #11's medication was not documented as given on at 8:00 a.m., and no reason documented why.
Resident #12's Apriprozole medication was not documented as not given at 5:00 p.m. on , but no documentation noted as why.

4. During Interview on / at 4:08 p.m. with Staff K ,she reported she was not aware of any Residents not receiving their medications.

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Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have the required 3 hour training for Resident Behavior and Needs and providing Assistance with Daily Living (ADL) for 3 (Staff I, K and L) out of 3 Staff records sampled.

The findings include:

1. Record review of Staff I, resident assistant (hire date), Staff K, Licensed Practical Nurse (hire date), and Staff L, resident assistant (hire date) revealed no 3 hour required training for ADL and Resident Behavioral Needs.

3. On at 1:50 p.m., the Executive Director said she was not aware those staff had not had the training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a safe living environment free of hazards for 42 out of 75 resident observed.

The findings include:

1. During tour of facility on at 10:15 a.m., 2 resident had bugs in light panel, and 1 resident live bugs noted in . Other had soiled carpets and tiles, stained ceiling tiles in , cracked ceiling tiles, scuffed walls, paint chipped door frames.
Tour of facility revealed the following:
- heavy stains on carpet;
- dirty, stain noted on floor tile around toilet;
- stain around toilet on floor tile;
- stains on carpet;
- stains on floor tile around toilet;
- stains on carpet;
- scuffs marks around door and walls, stains on carpet;

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- stains on carpet;
- ceiling tiles stained near entrance to ;
- cracked ceiling tile;
- dropped ceiling tile in of position;
- stained ceiling tile in entryway, and ceiling tile in hole in it and 2 ceiling tiles in of position, door has scuff marks;
- small flies (over 10) noted on wet face cloth on , door frame in , strong odor of in , (noted full urinal on table) piece of door frame to ;
- reported by staff that resident's dog on floor of resident's . Resident refused entrance. Executive Director was informed of issue last week by staff.
- stained carpet, scuffed;
- Strong smell of , (full urinal observed on resident table.)
- Metal frames on dropped ceiling tiles in with brown rust like substance;
- stains on carpet, light out in ;
- ceiling tiles near doorway stained, black substance noted on ceiling, cracks noted along walls near ceiling;
- dirty;
- dirty,ceiling tile in chip in it;
-stains on carpet, stained ceiling tiles in , and some ceiling tiles out of position in ;
- chips noted on door frame, ceiling tiles in ;
- ceiling light in working, brown rust like stain noted on ;
- tile cracked. Resident reports she has been there 3 years and "So has the crack."
- brown stain on ceiling tiles in ;
- ceiling tiles in entryway stained, stains on carpet;
- carpet stained, ceiling tiles in brown stains, crack noted in ceiling.
- light in not working, stains noted on , vanity in to have large piece missing in corner;
- vent in in gray substance, ceiling above fan over residents bed covered in gray substance.
- live large ant noted in ; drain pipe protruding approximately 4 inches from over shower, carpets stained;
- vanity and wallpaper in , large brown bugs with wings, approximately (10), noted above plastic light panel in ;
- stains on carpet, wallpaper split on wall, stained ceiling tiles in entryway, door frames scuffed, tiles have brown stains, threshold in , both sides have brown stains;

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- ceiling in vent covered with gray substance;
- stains on carpet, brown bugs noted on plastic light in ceiling panel; light bulb in working, cracked, door to ;
- ceiling tile peeling, wall stained in ;
- carpet stained, light bulb in working;
- cracks noted along walls near ceiling, wallpaper peeling in ;
- ceiling tile near entryway stained, ceiling tile in ;
- caulking around peeling, ceiling tile in , carpet stained, bug noted in plastic light panel in ;
- seam along wall to ceiling in , brown substance noted on door frame in , carpet outside .

2. Resident # 13 stated on at 3:00 p.m.: " I have ants in my . They sprayed the months ago, and the ants are back again."

3. Staff A, Director of Maintenance and Housekeeping, stated on __/__ at 10:30 a.m., "The housekeepers clean the once a week. We have stains on the carpets in some resident but, when we clean the carpets the stains don't go away. There has been an issue with ants and I have been spraying the . I don't remember the last time a pesticide company was here to spray. They were from Ft Lauderdale. The previous Executive Director was aware of the ant issue. We will be changing pest control companies tomorrow."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lamplight At Sarasota
743 S. Beneva Road
Sarasota, FL 34232

RE: CCR #2015004061 & 2015007072

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send 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 surveyor. 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

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