STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967856	09/21/2015
NAME OF PROVIDER OR SUPPLIER **DESOTO PALMS ASSISTED LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5601 N HONORE AVE** **SARASOTA, FL 34235**	

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

0000 Initial Comments

On / a Complaint Survey, CCR #2015009918 was conducted at Desoto Palms Assisted Community an Assisted Living Facility (ALF) in Sarasota, Florida.

A deficiencies was identified at the time of the complaint survey.

0091 Training - Documentation & Monitoring

Based on interview and record review, the facility failed to maintain Elopement Response training certificates in the employee file for 2 (Staff A and Staff B) out of 3 staff sampled.
The findings included:
On / at 11:25 a.m., a record review was conducted of Staff A's employee file. No training certificate was located for Elopement Response training.
On / at 11:25 a.m., a record review was conducted of Staff B's employee file. No training certificate was located for Elopement Response training.
On / at 5:15 p.m., an interview was conducted with Staff A. She stated she had received appropriate elopement training. According to the interview, she was aware of the facility's elopement policy and procedure.
On / at 1:52 p.m., an interview was conducted with the Administrator. She stated she was not able to locate the training certificates for either Staff A or Staff B in their employee files. She stated the staff all receives the same training in new employee orientation by the Human Resources Director. She contacted the Human Resources Department but was not able to locate the appropriate training documentation.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Desoto Palms Assisted Living Community
5601 N Honore Ave
Sarasota, FL 34235

RE: CCR #2015009918

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 deficiency that was 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 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

XG90

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