STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964952	09/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS MANORCARE HEALTH	5509 SWIFT ROAD SARASOTA, FL 34231

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on through at Arden Courts Manorcare Health, a Assisted Living Facility (ALF) in Sarasota, Florida.

The following is description of the deficiencies:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure the Resident Health Assessment (Form 1823) for 1 (Resident #7) of 2 resident records review was complete.

The findings included:

Record review for Resident #7 found she was admitted on . . The initial 1823 dated / did not identify what help the resident needs with medications. The form did not include the examining physician's medical license number or his address.

On at 11:15 a.m., the Resident Services Coordinator said she did not realize the information was not completed.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interviews, the facility failed to administer a medication in accordance with physician orders for 1 (Resident #11) of 5 residents observed being administered medications.

The findings included:

On at 11:12 a.m., Resident #11 was observed being administered her medications by Staff A, Licensed Practical Nurse (LPN). The resident's Medication Record for 2015 indicated the resident was to receive the medication ( ), 81 mg by mouth once daily with food or after a meal. Staff A was observed giving the resident the in a medication cup with 7 other medications. Staff A gave the resident a glass of water to take with her pills. Staff A did not offer the resident any food to take with the medication. Resident #11's clinical record contained a current physician's order, dated / / , for the medication 81 mg once daily with food or after meal.

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On at 12:24 p.m., Resident #11 was observed seated at the table eating lunch in the Berry Ridge dining .

In an interview on / at 12:40 p.m. with Staff A, she confirmed the was to be given with food or after a meal. Staff A said the resident usually snacks during the day but acknowledged she did not confirm this with the resident at the time of medication administration. The Resident Services Coordinator said she would consult with the resident's physician to see if he would like to change the medication instructions as the resident prefers to receive the medication about an hour before lunch.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 2 (Staff #B and #C) staff of 3 staff record review have appropriate training.

The findings included:

Record review for Staff B found she was hired on . The record had no evidence of the required training in the Activities of Daily Living (ADL) or Incident Reporting.

Record review for Staff C found she was hired on / / . The record had no evidence of the required training in Incident Reporting.

On at 11:11 a.m., Staff B said she was not a licensed Certified Nursing Assistance (CNA).

On at 10:31 a.m., the Administrative Services Coordinator said evidence for Staff B having the ADL, Incident Reporting or the training of Incident Reporting for Staff C was not available.

Class III

0082 Training - /

Based on record review and interview, the facility failed to ensure 1 (Staff #C) of 3 staff record review have the required training in Human ( ).

The findings included:

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NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **5509 SWIFT ROAD** **SARASOTA, FL 34231**	

SUMMARY STATEMENT OF DEFICIENCIES
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Record review for Staff C found she was hired on I/ . . The record had no evidence of receiving the required training in .

On at 10:31 a.m., the Administrative Services Coordinator said evidence of Staff C completing the required training in was not available.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure 3 (Staff #A, #B and #C) of 3 staff record review received the required training related to ( ).

The findings included:

1. Record review for Staff A found she was hired on . The record contained the facility's "Advance Directives Policy" signed on . The record did not have a certificate of training related to DNOR.

2. Record review for Staff B found she was hired on . The record contained the facility's "Advance Directives Policy" signed on . The record did not have a certificate of training related to DNOR.

3. Record review for Staff C found she was hired on I/ / . The record contained the facility's "Advance Directives Policy" signed on I/ / . The record did not have a certificate of training related to DNOR.

4. On at 10:31 a.m., the Administrative Services Coordinator said the facility does not provide a 1 hour training to staff related to and that when staff is hired they are given a copy of the facility's policy related to advance directives.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure required training for level I and level II are verified by appropriate certificates for 1 (Staff #B) of 3 staff record reviewed.

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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS MANORCARE HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 5509 SWIFT ROAD SARASOTA, FL 34231	

SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

Record review for Staff B found the staff was hired on . The record contained an "In-service Education Employee Attendance Record." This document noted I and II training was completed on . There was no certificate of completion signed by the trainer. There was no certificate which included the information as required by Florida Administrative Code 58A-5.191(12).

On at 11:11 a.m., the Administrative Service Coordinator said they do not have appropriate level I and II training certificates for staff B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____ _, 2015

Administrator
Arden Courts Manorcare Health
5509 Swift 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
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Fort Myers, FL 33901
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