STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	R
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 revisit was completed on through at Lamplight of Sarasota, an assisted living facility in Sarasota, Florida. The original complaint survey was completed on .

The revisit found 3 deficiencies were corrected and 3 deficiencies were uncorrected. The following is a description of those uncorrected deficiencies:

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to ensure there was adequate supervision for 1 (Resident # 16) of 3 residents sampled for . This is an uncorrected deficiency from .

The findings included:

1. Record review on / of Resident #16's Health Assessment dated showed she was at risk for . Under Activities of Daily Living, the health assessment indicated ambulation with supervision and use of a walker. Further documentation revealed Resident #16 had on , / and / .

On at 12:27 p.m., the Director of Nursing (DON) said often the resident forgets her walker and then she . The DON stated she is aware of the the resident had. On physical and occupational were ordered and have been working with her. The DON verified there was no plan put in place for prevention of . She acknowledged the resident had twice after was begun. She verified supervision was not increased for the resident's safety.

2. The Business Office Manager provided the staffing of the facility for the past four months. The following is a review of the staffing pattern for each shift:

- 1st shift 3-4 staff, 2nd shift 3-4 staff, 3rd shift 2 staff. The average census for was 75 residents.
- 1st shift 3 staff, 2nd shift 3 staff, 3rd shift 2 staff. The average census for was 75.
- 1st shift 3 staff, 2nd shift 2-3 staff, 3rd shift 2 staff. The average census for was 74.
-1st shift 2-3 staff, 2nd shift 3 staff, 3rd shift 2 staff. The average census for was 72.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0028 Resident Care - Activities of Daily Living

Based on record reviews and interviews, the facility failed to ensure there was adequate supervision or assistance with ambulation for 1 (Resident #16) of 3 residents sampled for and failed to ensure assistance with showers for 4 (Resident's #16, #26, #30, and #24) of 14 residents or families interviewed. This is an uncorrected deficiency from .

The findings included:

1. Record review on of Resident #16's Health Assessment dated / showed she was at risk for . Under Activities of Daily Living (ADLs), the health assessment indicated ambulation with supervision and use of a walker. Further documentation revealed Resident #16 had on , , and / /.

On at 12:27 p.m., the Director of Nursing (DON) said often the resident forgets her walker and then she . The DON stated she is aware of the the resident had. On physical and occupational were ordered and have been working with her. The DON verified there was no plan put in place for prevention of . She acknowledged the resident had twice after was begun. She verified supervision was not increased for the resident's safety.

2. On at 9:50 am, Resident #16 stated, "There's not enough staff all the time. They respond to the call light, but it takes a long time. The turnover is tremendous. If somebody leaves, you may not get a shower." On record review revealed Resident #16's Health Assessment AHCA Form 1823 documents Resident #16 as requiring supervision with ADLs including bathing. Review of the shower schedule showed the resident is not on the old list for showers. The new shower list shows she will be assisted with showers on Wednesday and Saturday evenings.

On record review of Resident #26's health assessment dated / showed she is to be supervision for bathing. On at 10:35 a.m., Resident #26 said she does not get any help for showering. Resident also said that the Certified Nursing Assistants (CNA) do not come back to offer another shower. They come in before breakfast and don't come back for showering. A review of the old shower list shows the is on the list for Wednesday and Saturday mornings.

On at 9:55 a.m. Resident #30 said there is not enough staff here. The staff helps her with showers some times. Mostly she does sponge baths. A review of the old shower schedule revealed she is to get showers on Tuesday and Saturdays.

On at 3:30 p.m., the family of Resident #24 said the resident was not getting the showers she

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needs. She is to get two showers a week on Sunday and Thursdays. She did not get a shower on Sunday. The week before she only got 1 shower also. The family said the resident is not getting the care she needs.

3. On at 11:25 a.m., Staff K said the shower schedule is old and some people are not on it. She said if the resident does not want a shower when the CNA comes to the resident, then the resident will be approached again before the end of the shift. Staff K said a new shower schedule was drawn up today. The new shower list has more residents on it. A review of the new shower list revealed 15 people had been added to the list.

4. The Business Office Manager provided the staffing of the facility for the past four months. The following is a review of the staffing pattern for each shift:

- 1st shift 3-4 staff, 2nd shift 3-4 staff, 3rd shift 2 staff. The average census for was 75 residents.
- 1st shift 3 staff, 2nd shift 3 staff, 3rd shift 2 staff. The average census for was 75.
- 1st shift 3 staff, 2nd shift 2-3 staff, 3rd shift 2 staff. The average census for was 74.
-1st shift 2-3 staff, 2nd shift 3 staff, 3rd shift 2 staff. The average census for was 72.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a safe living environment clean and free of hazards. This is an uncorrected deficiency from / .

The findings included:

During a tour of facility on , which began at 9:30 a.m., the following was found:
Linoleum on hallway floors observed to have a white film on top.

Storage closets in hallway of 200 and 300 not clean and one door splitting apart at the top.

- seat was stained;

- Stains on carpet;

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SUMMARY STATEMENT OF DEFICIENCIES
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- Several large bugs on floor and in ;

- Tile floor uneven, edge of wall by the closet had a large gouge with drywall missing, 2 large tan stains on closet door, call light cover above door missing;

- Stains on carpet, large bugs and trash on floor. When staff unlocked the door, she had to call maintenance to remove her key from the door;

- Floor in front of window was dirty;

- tile cracked;

- didn't work. Odor noted in the ;

- Damaged door, carpet dirty, evidence of roaches present;

- used as storage, carpet dirty and stained in multiple places;
In the library the door trim was broken and created a hazard for residents in wheelchairs passing through. The wood was also scared and nicked.

- being used as storage, not ready for use by a resident, missing call light cover in hallway;

- being used as storage, not ready for use by a resident;
- missing call light cover in hallway;

- Orange stain on floor in . Stain on carpet;
- no flooring. Used as a storage ;

and 314 - carpet was stained and leaked;

Activity scuffed and table legs were all scuffed. One table had Kleenex under it to keep it level.

In the Activity the popcorn maker, the trim was broken on the exit door, allowing insects, etc. to enter.

The Activity was observed to have a dirty stove, spilled food residue in drawers, mold under the sink, and debris between the counter and the refrigerator.

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The supply/janitor closet next to the Activity [redacted] observed to be filthy. The walls had splashed residue where it dried on the wall. The floor behind the door under the cart with detergents was covered with detergent caked over an inch thick in places. Dried small pellet like residue was noted on the bottom shelf. When shown the Maintenance Director and Administrator stated it needed to be cleaned.

** Pictures on file**

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11963950	A. Building B. Wing	10/27/2015

Name of Facility	Street Address, City, State, Zip Code
LAMPLIGHT AT SARASOTA	743 S. BENEVA ROAD SARASOTA, FL 34232

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC		ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC		ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date: 11-16-15	Signature of Surveyor:	Date: 11-10-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey completed on 27, 2015 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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 and Revisit Report

YOSF

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