| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963950** | **10/27/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**LAMPLIGHT AT SARASOTA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**743 S. BENEVA ROAD**<br>**SARASOTA, FL 34232** | |

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

**0000 Initial Comments**

An unannounced Relicensure survey was conducted through at Lamplight at Sarasota, an assisted living facility in Sarasota, Florida. The survey was completed in conjunction with a revisit survey and complaint surveys.

The following is description of the Relicensure survey deficiencies:

**0030 Resident Care - Rights & Facility Procedures**

Based on observation and staff interview, the facility failed to ensure residents were treated with dignity for residents who ordered an alternative meal when eating in the dining .

The findings included:

Observation on at 12:15 p.m., revealed a staff member taking orders from residents sitting together at tables. When the server presented the food to the residents, the residents who ordered the main meal were served their food. The residents, who ordered something else, such as a sandwich, were not served their meal. These residents had to wait to be served their meals at least 10 minutes after the residents who ordered the main meal were served.

At one table three residents were served their meals at 12:22 p.m. and the fourth resident waited until 12:32 p.m. to get her sandwich.

Another table had two residents. One resident was served his meal at 12:18 p.m. and the other resident was not served until 12:28 p.m. He had ordered a sandwich.
Another table had three residents. Two residents where served their meal at 12:28 p.m. and the one resident, who ordered a sandwich, were served at 12:35 p.m.

On at 11:35 a.m., the food director said she has told the staff to serve the food to all of the residents who are sitting at a table together, at the same time. She will re-address this issue with the staff again.

Class III

**0052 Medication - Assistance with Self-Admin**

Based on observation and interview, the facility failed to ensure contaminated medications were not

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SUMMARY STATEMENT OF DEFICIENCIES
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given to 2 (Residents #8 and #28) of 7 residents observed during medication pass.
The findings included:
1. On at 7:55 a.m., Staff Q was observed assisting Resident #8 with medications in the hallway. Staff Q would tell the resident the name of each medication, but not tell the dose of the medication, before she put them in the medicine cup. She then handed the medications to Resident #8. One of the medications out of the medicine cup and landed on the floor. Staff Q picked the medication up off the floor, with her hands, and put the medication into Resident #8's mouth. The resident then swallowed the contaminated medication.
An interview was conducted with Staff Q when she finished assisting Resident #8 with her medications. Staff Q confirmed she had picked up a medication from the hallway floor and put it into Resident #8's mouth which she swallowed. Staff Q said it was okay to give a medication which dropped on the floor, as long as you asked the resident if it was okay, first.
2. On / at 8:35 a.m., Staff N was observed assisting Resident #28 with medications in the hallway. Staff N was observed touching medications with her fingers as she poured the medications into the medication cup and back into the medication bottle.
An interview was conducted with Staff N when she was finished assisting Resident #28 with her medications. Staff N confirmed she touched some of the medications with her fingers. Staff N said she was taught not to touch the medications with her hands due to the possibility of contamination.
3. On at 12:30 p.m., the Director of Nursing said all medications which to the floor, especially in the hallway, should be discarded and a new medication should be given. She said no medications should be touched by her nursing staff's bare hands due to the possibility of contamination. She said Staff N and Staff Q did not follow the facility's policy for medication assistance by giving possibly contaminated medications.
Class III

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensures 1 (Staff M) of 5 staff reviewed had an annual statement of freedom from .

The findings included:

On / , record review for Staff M found a date of hire as . The only statement of freedom from was verified by an x-ray dated / .

On / at 2:14 p.m. the Business Office Manger verified the only statement of freedom from for Staff M was the X-ray result dated / . She said X-rays are good for 3 years.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

**0091 Training - Documentation & Monitoring**

Based on record review and interview, the facility failed to document the completion of required training with appropriate certificates for 4 (Staff M, N, O, and P) of 5 staff reviewed.

The findings included:

On / , record review for Staffs M, N, O, and P found required training were documented using a "Certificate of Completion" form. This form included the staff's name, and listed the training, the date and the hours of the training. It was signed and dated by the Executive Director following the completion of the training. It does not document who provided the training, their signature, credentials or date; the subject matter; the agenda or the location of the training.

On at 2:14 p.m. the Business Office Manager said the Executive Director did not provide the training but only signed the form to indicate the training was completed.

Class

**0162 Records - Resident**

Based on record review and interview, the facility failed to retain the resident's contract for 1 (Resident #29) of 4 resident records reviewed.

The findings included:

Record review for Resident #29 found she was admitted to the facility on . A residency agreement was not in the file.

On at 10:51 a.m., the Business Office Manager said the residency contract should be on her desk, in the envelope containing the resident's record. A resident agreement was not found in the envelope.

On at 3:00 a.m., the Executive Director and Business Manager said they were not able to locate the contract for Resident #29.

Class III

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**0167 Resident Contracts**

Based on resident contract review, a review of the facility license, and staff interview, the facility offered services they don't have a license to provide for 1 (Resident #30) of 1 resident reviewed.

The findings included:

A review of Resident #30's record showed she was admitted to the facility on [redacted]. A review of the contract exhibit E on pages 29 and 30 showed they offer Limited Nursing Services.

A review of the facility license showed a standard license.

On [redacted] at 1:50 p.m., Staff D said the facility does not offer Limited Nurse Services. She said the Corporate Company tries to keep the same contract for all sister facilities. She reviewed Resident #30's contract and confirmed the contract offers Limited Nursing Services.

Class III

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 survey that was completed 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

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Fort Myers, FL 33901
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