STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967856	01/20/2016
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

An unannounced Biennial survey was conducted // through // at Desoto Palms, an Assisted Living Facility in Sarasota, Florida,

The following is a list of the deficiencies.

0055 Medication - Storage and Disposal

Based on observation, interview, and policy review, the facility failed to ensure that medications were stored in a secure manner at 2 of 3 medication stations.
The findings included:
On // at 10:39 a.m., the medication the third floor was observed to be unlocked with no one in attendance. Upon entering the , the padlock on the medication was observed to be unlocked. Observation inside the refrigerator revealed a bottle of 250/sol 250/5 ml with small syringe attached to the bottle and a package of suppositories.
On // at 12:30 p.m. the second floor nursing station was observed unlocked with no one in attendance. Upon entrance to the nursing station the medication cart was observed to be locked but the medication refrigerator was observed to be unlocked. 10 mg suppositories were in the unlocked refrigerator.
On // at 12:32 p.m. Staff C, Medication Assistant confirmed the medication refrigerator was not locked and medications were in the refrigerator.
On // at 11:30 a.m. the Director of Nursing confirmed that the facility policy is that all medication fridges must be locked at all times.
On // at 1:00 p.m., review of the facility policy and procedure manual revealed "The Community shall ensure that all medications and biologicals, including items, are securely stored in a locked cabinet/cart or locked medication , inaccessible by residents and visitors."
Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have training done timely for 2 (Staff B and D) of 4 employee records that were reviewed.
The findings included:
1. Employee B, a resident aid, showed a hire date of //. Record review showed Safe Food Handling was completed . The Executive Director did not have a response as to why the training was done late.
2. Employee D, a care associate, showed a hire date of /. Record review showed

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

Control Training completed / , Nutrition and Safe Food Handling completed , Reporting/Recognizing , Neglect & was completed . The Executive Director did not have a response as to why the trainings were late. Record review showed there is no ADL & Behavioral Needs Training or Emergency Preparedness & Evacuation Training in the file.

3. During an interview on / / at 10:32 a.m., the Human Resource Director said I don't see anything in here, if it's not in there, it's not in there.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 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 , 2016.** 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
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com