STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	03/10/2016
NAME OF PROVIDER OR SUPPLIER **OPPIDAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **4024 FRUITVILLE ROAD** **SARASOTA, FL 34232**	

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

0000 Initial Comments

An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on at Oppidan, an Assisted Living Facility in Sarasota, Florida.

The following is description of deficiencies.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have an annual statement of a negative ( ) examination for 1 (Staff B) out of 3 staff records reviewed.

The findings included:

Record review of Staff B (hire date) revealed no record of an annual statement.

During an interview with the House Manager on she reported she was not aware statement was missing.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have documented required training for two (Staff A and B) out of 3 Records reviewed.

The findings included:

1. Review of staff records revealed:

No documented required Control training for staff for Staff A (hire date) and Staff B (hire date);

No documented Incident Report Training (1 hour within 30 days of hire) for Staff A and Staff B;

No documented Resident Rights Training (1 hour within 30 days of hire) for Staff A and Staff B;

No documented Training for Recognizing and Reporting and Neglect and (1 hour

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SUMMARY STATEMENT OF DEFICIENCIES
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within 30 days of hire) for Staff A and Staff B;

No documented 3 hour ADL and Behavioral Needs training for Staff A.

2. During an interview with the House Manager on at 5:00 p.m., she reported she was unaware training was not done.

Class III

0082 Training -

Based on record review and interview, the facility failed to have required ( ) training for 2 (Staff A and B) out of 3 staff records Reviewed.

The findings included:

Record Review of Staff A (hire date) and Staff B (hire date) revealed no documentation of training within 30 days of hire.

During an interview with the House Manager on at 5:00 p.m., she reported she was unaware the training was not done.

Class III

0090 Training -

Based on record review and interview, the facility failed to have training on the facility's ( ) policy and proceedures for 1 (Staff A) out of 3 staff records reviewed.

The findings included:

Record Review of Staff A (hire date) revealed no documented training.

During an interview with the House Manager on at 5:00 p.m., she reported she was unaware the training was not done.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	03/10/2016
NAME OF PROVIDER OR SUPPLIER OPPIDAN	STREET ADDRESS, CITY, STATE, ZIP CODE 4024 FRUITVILLE ROAD SARASOTA, FL 34232	

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation, record review and interview, the facility failed to maintain a clean and safe environment free from hazards for residents.

The findings included:

1. During tour of facility on / / the following was observed:

Entryway rug had multiple stains;
- window blinds dirty;
- resident , scuff marks noted on walls, closet door slider not working;
- large stain noted on rug next to bed;
- stains noted on rug, window blinds dirty;

Window sills in most resident dirty;
Shower floors in in resident dirty;
Shower floors in resident dirty;
Shower chair surface in one resident .

2. During an interview with the House Manager on at 1:00 p.m., she reported she was unaware of these issues.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Oppidan
4024 Fruitville Road
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
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