STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	03/16/2016
NAME OF PROVIDER OR SUPPLIER SLC OF SORRENTO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 336 MONET DRIVE NOKOMIS, FL 34275	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on ./ . at SLC of Sorrento, Inc., an Assisted Living Facility in Nokomis, Florida.

The following is description of deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to honor Resident Rights with regard to access to a smoke free lanai.

The findings included:

During tour of facility on ./ ./ . the Administrator, Resident #4, and Staff B were observed at various times smoking in lanai area of facility where other residents were observed sitting. Record review of facility Resident Contract revealed no policy regarding smoking.

During an interview with Resident #2 on at 1:25 p.m. she reported she would like to sit on the lanai and have her family visit and open her window overlooking the lanai, but the smoke odor prevented her from doing so.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation of freedom from communicable statement and annual ( ) statement for 1 Staff (A) out of 3 staff records reviewed.

The findings included:

Record review of Staff A (hire date) revealed no documentation of an annual and freedom from communicable statement.

During an interview with the Administrator on ./ ./ . at 5:00 p.m., she reported she could not locate the document.

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	AL11910522	03/16/2016
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

0083 Training - First Aid and

Based on record review, and interview, the facility failed to have an accredited agency documentation of /First Aid for 3 (Administrator, Staff A and B) out of 3 staff records reviewed.

The findings included:

Staff record review of the Administrator, Staff A (hire date), and Staff B (hire date) revealed an online course for /First Aid without instructor supervised demonstration technique from an accredited agency.

During interview with the Administrator on / / at 5:00 p.m., she reported she was not aware the online course for /First Aid was not allowed.

Class III

0091 Training - Documentation & Monitoring

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

The findings included:

Record Review of Staff A (hire Date) revealed no required certificates of training for Activities of Daily Living and Behavioral Needs; Elopement Response Training; Nutritional and Safe Food Handling Training; and ( ) policy and procedure training.

Record Review of Staff B (hire date) revealed no required certificate for Medication Training and Updates.

During Interview with Administrator on / at 4:30 p.m., she reported the staff have had the training but she could not locate the certificates.

Class

0152 Physical Plant - Safe Living Environ/Other

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	03/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLC OF SORRENTO, INC.	**336 MONET DRIVE NOKOMIS, FL 34275**

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

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

The findings included:

The following was observed during the tour of facility on / / :

Facility rug with multiple stains.
Resident including toilets, tile floors and showers with multiple stains.
Resident with multiple stains.
Kitchen stove interior door with large amount of grease.
Outside of Kitchen refrigerator with multiple stains.
Kitchen and Dining area floors with multiple stains.
Soiled dishcloth noted on kitchen counter.
Large fax machine with large amount of dust on Kitchen counter near food prep area.
Lanai where Residents sit had smoke odor.
Tablecloths on 3 tables in lanai with dust and dirt stains.
One Lanai table observed to have ashtray overflowing with ashes and ashes on tablecloth.
Multiple lamps on lanai tables covered with dust.
Lanai floor with multiple stains and 2 cigarette lighters.
Resident #2's between 2 sinks with a "George Foreman Grill" and a coffee maker.
Resident reports she has used grill in the . Resident #2 's had large amount of stains near her bed.

During Interview with the Administrator ion / at 1:55 p.m., she reported she will clean the facility immediately.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Slc Of Sorrento, Inc.
336 Monet Drive
Nokomis, FL 34275

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
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