STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965739	03/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON CLUB AT PRESTANCIA (THE)	3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238

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

0000 Initial Comments

An unannounced Biennial survey was conducted / through / at The Heron Club at Prestancia, an Assisted Living Facility located in Sarasota, Florida.

The following is a description of the deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to provide cushions for wicker chairs and loveseats in the outside smoking area and covered porch for residents.

The findings included:

1. Observation of outside designated smoking area on revealed wet cushions on wicker chairs. Resident #7 reported during interview at 2:00 p.m. on / that the cushions were not water repellent and the wicker chair without a cushion was too low and uncomfortable to sit on.

2. During Interview with Resident #6 at 1:42 p.m. on , she reported other residents have reported to her that they would like to sit on the wicker chairs and loveseats on the covered porch area facing the lake, but the facility has not provided cushions.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have annual documentation of a negative examination for 1 (Staff E) of 5 employee records reviewed.

The findings included:

Record review on / at 10:00 a.m. showed a chest x-ray dated but no documentation of annual ( ) status.

During an interview on / at 11:49 a.m. the Executive Director (ED) stated she doesn't have any documentation. On / at 3:15 p.m. the ED said the documentation was over at the physician's office waiting to be filled out.

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Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to have necessary education done within a specified timeframe for 2 (Staff B and E) of 5 employees reviewed.

The findings included:

1. Record review on / / at 10:00 a.m. showed Staff B's employee record did not have Activity of Daily Living (ADL) & Behavioral Need Training.

During an interview on / / at 11:49 a.m. the Executive Director stated the employee did not have the training.

Record review on / / at 10:00 a.m. showed Staff B did not have Emergency Preparedness and Evacuation Training.

During an interview on / / at 11:49 a.m. the Executive Director stated the employee did not have the training.

2. Record review on / / at 10:00 a.m. showed Staff E did not have Incident Reporting Training.

During an interview on / / at 11:49 a.m. the Executive Director stated the employee did not have the training.

Class III

0090 Training -

Based on record review and interview the facility failed to have ( ) Policy and Procedure Training for 1 (Staff B) of 5 employee records reviewed.

The findings included:

Record review on / / at 10:00 a.m. showed that there was no Policy and Procedure Training for Staff B.

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Duriing an interview on / at 11:49 a.m. the Executive Director stated the employee did not have the training.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

Based on Observation and Interview, the facility failed to provide a safe living environment free from hazards for Residents.

The findings included:

During tour of the facility on the following was observed:

Hallway walls on floors 1, 2, and 3 had multiple scuff marks.

Resident entry door frames had scuff marks and gouges.

Peeling paint noted on Resident Entry doors and hallway walls.

The Executive Director reported during Interview on at 11:45 a.m. that the wrong type of paint was used before and it was the reason for the peeling. The Director of Plant Operations reported during Interview on / at 1:00 p.m. that there was no time scheduled for painting.

In Dining large window next to a dining table had large drapery valance with multiple stains.

Multiple french doors in dining window frames covered with dust.

Two sideboard tables in dining area each had a large silk flower arrangement covered with dust.

One table observed to be a coffee serving area. Dining has open area along seam.

Six large windows on both sides of hallway going toward Dining to have large cracks on glass.

The Executive Director reported on at 11:45 a.m. that they are scheduled to be replaced in 4th quarter of 2016.

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SUMMARY STATEMENT OF DEFICIENCIES
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The Memory Care Medication large ceiling air conditioning vent frame peeling and covered with dust.

The Medication cart was adjacent to the vent and had an open pitcher of water on surface of medication cart.

Assorted cobwebs on walls and large amount of bugs on surface of 2 window valances was observed.

The floor was covered with multiple stains. The Memory Care Director reported on / at 12:30 p.m. that the housekeepers do not clean the .

The Outside Wicker patio furniture under the covered areas was in need of paint.

Three green cushions on the wicker furniture in the designated outside smoking area were wet from previous evening rain storm.

Resident #7 reported on at 11:30 a.m. that she has to pile the wet cushions on the wicker chair to avoid getting wet.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to have written informed consent for unlicensed staff to assist with self-administration of medication for 2 (Residents #6 and #7) out of 2 residents sampled and failed to have complete information about the health care provider on the resident demographic document for 2 (Residents #6 and #7) out of 2 residents sampled.

The findings included:

1. Record review of Residents #6 and #7 revealed no documentation of written informed consent for unlicensed staff to assist with self-administration of medication.

During an interview with the Executive Director at 3:00 p.m. on / , she reported she was not aware documentation was missing.

2. Record review of Resident #6 revealed no address or title of health care provider on demographic

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document. Record review of Resident #7 revealed no address or telephone number for health care provider on demographic document.

During an interview with the Assisted Living Director on . . / at 4:00 p.m., she reported she uses the information on the resident demographic document to contact the health care provider in emergent situations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Heron Club At Prestancia (the)
3749 Sarasota Square Blvd.
Sarasota, FL 34238

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