

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965739	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER HERON CLUB AT PRESTANCIA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 1/11/16 at Heron Club at Prestancia, an Assisted Living Facility (license #10107) in Sarasota, Florida. This was a follow-up to the Biennial survey completed on 1/11/14.

Five deficiencies were corrected; however, one deficiency remains. The following is a description of the deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to provide a safe living environment free from hazards to the residents of the facility.

The findings included:

During a tour of the facility on 1/11/16 at 10:45 a.m., the following was observed:

1. Hallway walls on floors 1, 2, and 3 had multiple scuff marks and peeling wallpaper.
2. Resident entry door frames had scuff marks and gouges.
3. Peeling paint noted on resident entry doors and hallway walls.
4. Dining area has open area along seams.
5. Six large windows in hallway going toward dining area were found to be peeling and had rust and black debris on the caulking at the bottom.
6. The Memory Care Medication room had a ceiling air conditioner vent with black debris in it and around it.
7. The elevator had paint chipping off its walls.
8. The chair rail guard had paint peeling off of it.
9. The private dining room was peeling off.

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10. Ceiling tiles were stained outside rooms #103 and #105.

In an interview with the Director of Plant Operations, on 6/1/16 at 11:15 a.m. she stated that they were doing repairs on one floor at a time.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11965739	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY HERON CLUB AT PRESTANCIA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030	Correction	ID Prefix A0078	Correction	ID Prefix A0081	Correction
Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0090	Correction	ID Prefix A0182	Correction	ID Prefix	Correction
Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☒	REVIEWED BY (INITIALS) <i>CO</i>	DATE 6-21-16	SIGNATURE OF SURVEYOR <i>Robin Heiman, RAS</i>	DATE 6-21-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/31/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 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 Revisit Survey conducted on January 13, 2016 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than January 13, 2016.**

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 and Revisit Report

YOSF

