| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910522 | 08/24/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SLC OF SORRENTO, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**336 MONET DRIVE**<br>**NOKOMIS, FL 34275** | |

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

**0000 Initial Comments**

An unannounced Change of Ownership (CHOW) survey was conducted on at SLC of Sorrento, an Assisted Living facility (license #7538) located in Nokomis, Florida.

The following is a description of the deficiencies.

**0008 Admissions - Health Assessment**

Based on record review and interview, the facility failed to have documentation if resident needs assistance with medication and have signature of Health Care provider on Health Assessment (1823) form for 1 (Resident #2) out of 2 resident records sampled.

The findings included:

Record review of Resident #2's Health Assessment dated revealed no documentation if Resident #2 needs assistance with medication and no signature by the Health Care Provider.

During an interview with the Administrator on at 4:30 p.m., she reported she was not aware the Health Assessment form was not complete.

Class III

**0009 Admissions - Admission Package**

Based on record review and interview, the facility failed to document the monthly charge for facility services in Resident contract for 1 (Resident #2) out of 2 resident records sampled.

The findings included:

Record review of Resident #2's facility contract revealed no documentation of monthly rate.

During an interview with the Administrator on at 4:00 p.m., she reported she was not aware monthly charge was missing.

Class III

**0162 Records - Resident**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910522 | 08/24/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SLC OF SORRENTO, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**336 MONET DRIVE**<br>**NOKOMIS, FL 34275** | |

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

Based on record review and interview, the facility failed to complete demographic sheet for 1 (Resident #4) out of 2 resident records sampled. The facility failed to have documentation of the appointment of heath care surrogate or proxy for 1 (Resident #4) out of 2 resident records sampled.

The findings included:

Record review of Resident #4's contract with the facility dated revealed a demographic sheet missing the health care provider's name and address.

Record review of Resident #4's facility contract dated revealed the resident's daughter signed the contract. No documentation of her appointment as a health care surrogate, guardian, or proxy was found.

During an interview with the Administrator on at 4:25 p.m., she was not aware the information was missing.

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 change of ownership 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, RN.
Field Office Manager

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Enclosure: State Form

XG90

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