STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943120	09/12/2016
NAME OF PROVIDER OR SUPPLIER **CROTON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2512 CROTON AVENUE** **SARASOTA, FL 34239**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on / at Croton Manor, an Assisted Living Facility (license #8427) in Sarasota, Florida.

The following is description of the deficiencies.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to ensure scheduled activities are available at least 6 days a week for a total of not less than 12 hours per week for 4 (Residents #1, #2, #3, and #4) out of 4 residents reviewed.

The findings included:

No activity calendar was found posted in the facility and no activities were observed being offered throughout the day of survey. The Administrator provided an activity calendar after the exit interview which listed the following activities for the day of survey: balloon playing 10:45 - 11: 00, 11:45 - 12: 00 reading newspapers/magazines, 2:00-3:00 p.m. creative crafts and 6:00-6:15 walking. During the time surveyors were in the facility no surveyor observed balloon playing or reading newspapers/magazines.

On / at 9:31 a.m., Resident #1 said, "we do our own thing, I do what I want to do, the same things I was doing when I was living with my son, crossword puzzles, cross stitch, TV."

On / at 9:42 a.m., Resident #2 said, "they don't have any activities here. All they do is play cards or watch TV or take walks."

On at 9:52 a.m., Resident #3 said, "they don't offer activities, I find my own things to do, it can get boring, but a lot of the other people that live here don't have the mental capacity for things either."

On at 10:04 a.m., Resident #4 said, "there's not really any activities here, that's probably the only problem here, but then most of us don't do much of anything anyhow."

On / at 1:45 p.m., the Administrator said they do play cards, but there is no formal activity program.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943120	**09/12/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure staff have evidence of a negative examination documented on an annual basis for 1 (Staff A) of 2 staff reviewed.

The findings included:

Record Review on showed Staff A works as the Administrator/Owner and provides direct care to residents. Staff A had a test result from . No other annual examination was in Staff A's file.

On / at 1:45 pm, the Administrator said she hadn't realized this was out of date.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility failed to ensure the Administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years.

The findings included:

The Administrator completed CORE training / . Review of Administrator's personnel file on revealed 8 total continuing education credits completed in 2016. There were no further continuing education credits completed in the previous 2 years.

On / / at 1:45 p.m., the Administrator reviewed her file and admitted she has only completed 8 credits in the past 2 years.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure unlicensed persons who provide assistance with medication and have completed the initial 4 -hour training obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 2 of 2 records reviewed.

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SUMMARY STATEMENT OF DEFICIENCIES
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The finding included:

On a review of Staff A's personnel file (Administrator/owner) showed she attended the 4- hour medication training on . The file did not contain documentation of a 2-hour annual update since then.

On a review of Staff B's personnel file (staff/owner) showed he attended the 4- hour medication training on . The file did not contain documentation of a 2-hour annual update since then.

On at 12:45 p.m., the Administrator said she didn't remember if they attended the training. She then reviewed the personnel files and admitted there was no documentation of attending a 2-hour update.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure menus were dated and planned at least one week in advance and that planned menus are posted conspicuously or easily available to residents.

The findings included:

Observation during the survey there was no menu found posted in the facility.

Review of the dietary folder revealed a 3-week cycle of menus signed by the dietician on / . There was no delineation on the menu as to which week we were currently in or what date corresponded to which week.

On / at 1:00 p.m. Resident #4 said that menus are not posted at the facility and that she does not know what is going to be served for meals prior to meal time.

On / at 10:30 a.m., the Administrator said they usually post the menu, but have been busy lately and haven't had the time.

Class III

Z814 Background Screening Clearinghouse

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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Based on interview and record review, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse. Specifically, the provider failed to ensure that all employees were listed on the background screening (BGS) clearinghouse employee roster.

The findings included:

1. A review of the provider's account information on the BGS clearinghouse website revealed that the provider did not have any employees listed on the employee roster.

2. During an interview on / at 11:20 a.m., the owner/operator confirmed that he was aware of the clearinghouse employee roster, but stated that he and his wife are the only people working at the facility and since there are no additional paid employees at the facility, he did not complete the clearinghouse employee roster.

3. During an interview on at 12:39 p.m., an email from the Background Screening Unit for the Agency for Health Care Administration stated, 'Yes, they [husband and wife] would have to be listed on the roster.'

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Croton Manor
2512 Croton Avenue
Sarasota, FL 34239

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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,

for

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

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