| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964518** | **05/23/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE MEADOWS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1809 18TH STREET**<br>**SARASOTA, FL 34234** | |

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

**0000 - Initial Comments**

An unannounced biennial with limited nursing services survey was conducted through at Sunshine Meadows, an assisted living facility (license # 9060) located in Sarasota, Florida.

The following is description of the deficiencies.

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

Based on observation and staff interview, the facility failed to properly provide assistance with self administration of medication for 1 (Resident #15) of 2 residents observed being assisted with medications.

The findings included:

On at 9:10 a.m., Staff A was observed providing Resident #15 assistance with self administration of medications. Staff A did not wash or sanitize her hands. Staff A did not don gloves. Staff A was observed placing eye drops in Resident #15's eyes while Resident #15 held her lower lid open. Staff A touched the resident's upper eye lid with the bottle while placing the drops.

On at 9:37 a.m., Staff E (RN nursing supervisor) said the facility does not have a medication administration policy for eye drops. Staff E said the process should be: wash hands, put gloves on, read MOR, double check 3 times with medication in hand, identify resident, pull down on lower lid, and instill the drop into the conjunctiva without touching the skin with the bottle. Staff E said even if the resident pulls down on their own lid, the medication tech should still wash their hands and wear gloves.

Class III

**0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC**

Based on observation and interview, facility failed to assure that food was delivered in a sanitary manner. Unsanitary food delivery has the potential to spread food borne illness to residents receiving an oral diet.

The findings included:

1. Lunch Observation on from 11:30 a.m. to 12:00 a.m., found that Staff A and B did not follow sanitary procedure while serving food to residents present.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964518** | **05/23/2017** |
| NAME OF PROVIDER OR SUPPLIER **SUNSHINE MEADOWS** | STREET ADDRESS, CITY, STATE, ZIP CODE **1809 18TH STREET SARASOTA, FL 34234** | |

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

Both Staff A and B were observed wearing gloves while serving beverages and the main course to residents. During the course of the observation both staff were observed touching the rim of the plate and upper part of cups and glasses while serving. Staff was observed assisting residents to sit in their seats or wheel residents in and out of the dining . Staff did not change their gloves after assisting the residents and continued serving with the same gloves on.

On at 11:36 a.m., Staff B was observed touching a resident's shoulder to wake her up. Staff proceed on serving beverages touching the upper part of the cup/glass without changing gloves. The same staff was observed assisting a resident to sit on at 11:40 a.m. This staff proceeded to serve lunch without changing gloves.

On at 11:45 a.m. Staff A was observed assisting a resident to adjust his seat and then proceeded to serve lunch without changing gloves.

2. Breakfast observation on from 7:30 a.m. to 8:00 a.m., Staff B and C did not follow sanitary procedure while serving food to residents. Both Staff B and C were observed wearing gloves while serving beverages and the main course to residents. During the course of the observation both staff were observed touching the rim of the plate and upper part of cups and glasses while serving. Staff B was observed wheeling a resident out of the dinning . She returned and proceed of serving coffee, touching the upper part of the cup. Staff B did not change gloves between assisting and serving coffee. During an observation that took place on at 7:40 a.m., Staff B again assisted a resident to sit in her chair wearing the same gloves and then served the resident coffee and breakfast.

Staff C was observed on at 8:47 a.m., touching a resident while assisting him to leave the dining . Staff C proceeded to serve milk and coffee without changing gloves. This same staff was observed assisting a resident out of the at 8:50 a.m., and continued serving without changing gloves. During the course of the observation neither staff changed gloves between assisting and serving.

3. The Administrator said on at 12:00 p.m., she was not aware that staff was not following sanitary procedure while serving residents.

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview, the facility failed to provide a clean, home like environment to all

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964518** | **05/23/2017** |
| NAME OF PROVIDER OR SUPPLIER **SUNSHINE MEADOWS** | STREET ADDRESS, CITY, STATE, ZIP CODE **1809 18TH STREET SARASOTA, FL 34234** | |

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

residents.

The findings included:

1. Observation during initial tour on at 10:00 a.m., found a foul odor of on the first floor hallway close to the elevator and dining .

In # there was paint peeling off the wall behind the bed board for bed B. There was also paint peeling off the wall by the window.

There were scratches on the door and door frame in #279, #281, #282, #284, #285, #87, #290, #39, #40, #41, and #43.

There was paint peeling off the wall in # and #72.

Observation on at 7:45 a.m., found foul odor of by the dining and in the hallway close to the elevator.

During a follow up tour with the maintenance director on at 9:39 a.m., all issues previously identified were found to be still present.

On at 9:39 a.m., the maintenance director said that one of the housekeepers is ill and he is short one person. He acknowledged the issues and said he will try to have everything repaired as soon as possible.

2. During a tour of the facility on the following was also observed:

Common areas on the first floor had peeling wallpaper, marks and scuffs on the walls and corners, hand rails with gouges and missing pieces of wood.

# had missing cove base, gouges in the plaster of the wall, dirty wall in an unidentified black substance.

# had missing plaster on the walls in both the .

Class III