

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910522	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER SLC OF SORRENTO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 336 MONET DRIVE NOKOMIS, FL 34275	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017010335 was conducted on _____ at SLC of Sorrento, Inc., an assisted living facility (license #:7538) in Nokomis, Florida.

The complaint contained 3 allegations, of which 3 were unsubstantiated.

However, the facility received citations that were not associated with these allegations. The following is description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and staff interview, the facility failed to provide Residents #2 and #4 privacy in their _____.

The findings included:

1. On _____ at 9:15 a.m., observation showed Resident #2 has a sheer white curtain covering the sliding glass doors in his _____. These sheer curtain could be seen through. On _____ at 12:00 p.m. the administrator said she will change these curtains.
2. On _____ at 12:30 p.m., observation showed the vertical blinds on the sliding glass doors in Resident #4's _____ unable to be closed. At the time of this observation, the administrator said these blinds are difficult to close and she will change them to curtains.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on 2 of 4 personnel records reviewed and staff interview, the facility failed to obtain a communicable _____ statement from Staff A within 30 days of hire. The facility also failed to assure that the examination for the communicable statement for Staff B was performed by the health care provider no earlier than 6 months before submission of the statement.

The findings included:

1. A review of Staff A's personnel record showed she was hired on _____. There was no communicable _____ statement in her file. On _____ at 12:30 p.m., the administrator said she did not know this statement was missing.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910522	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER SLC OF SORRENTO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 336 MONET DRIVE NOKOMIS, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
2. A review of Staff B's personnel record showed he was hired on There was a communicable statement in his file dated This statement is more than 6 month before his hire date. Class III 0083 - Training - First Aid and - 58A-5.0191(4) FAC Based on 2 of 4 personnel records reviewed and staff interview, the facility failed to ensure Staff A and C had current first-aid and () certifications while working alone at the facility. The findings included: 1. A review of Staff A's personnel records showed she is a licensed practical nurse (LPN) but this license expired on There was no renewal of her license noted in the file. Also, her certification for first-aid and expired in 2. A review of Staff C's personnel record showed she does not have a first-aid and certification. 3. On at 12:30 p.m., the administrator said Staff A and C both work by themselves. She was not aware Staff A's certification and LPN license expired and did not know Staff C did not have her first-aid and certification. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on 2 of 4 personnel records reviewed and staff interview the facility failed to ensure that 2 (Staff A and C) staff had the proper training for assistance with self-administration of medications. The facility failed to ensure Staff A had the 2 hour annual update of assistance with the self-administration of medication. The facility also failed to ensure that Staff C had the assistance with self-administration of medications prior to assuming this responsibility. The findings included: 1. A review of Staff A's personnel record showed she had the required 4 hour training in assistance of medication on However, there was no documentation showing she received the 2 hour annual		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910522	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER SLC OF SORRENTO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 336 MONET DRIVE NOKOMIS, FL 34275	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
update of this training. 2. On at 12:30 p.m., the administrator said Staff C was hired on and worked 3 days. She worked from 6:00 p.m. through 8:00 a.m. and would have to assist with the residents' medications. There was no documentation showing Staff C had this training to provide residents the assistance with their medications. 3. On at 12:30 p.m., the administrator said she was not aware this training was missing for both staff. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on a review of the facility's staff schedule, 5 of 5 personnel record reviewed and staff interview, the facility failed to provide a completed staff schedule for the past two months. The facility also failed to ensure Staff A through D had applications and references. The findings included: 1. A review of the staff schedules provided by the administrator showed a sheet of paper with "Week of" with no date and month on it. On at 9:30 a.m., the administrator said she has not updated the staff schedule. She had no other staff schedule for the past two month to present. 2. A review of Staff A through D's records showed Staff B, C, and D did not have applications. Staff A did not have references. The facility's application does not have an area for references. On at 12:15 p.m., the administrator said she was not aware this was required. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910522	(X3) DATE SURVEY COMPLETED 10/12/2017
NAME OF PROVIDER OR SUPPLIER SLC OF SORRENTO, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 336 MONET DRIVE NOKOMIS, FL 34275	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on 3 of 4 personnel records reviewed and staff interview, the facility failed to ensure Staff B, C, and D had background screenings completed prior to employment.

The findings included:

1. A review of Staff B's personnel record showed there was no hire date. On at 12:30 p.m., the administrator said he was hired in of 2017 and work about 3 weeks. A review of his background screening showed he was eligible on . However, there was no employment history showing there was no break in employment for over 90 days.
 2. On at 12:30 p.m., the administrator said Staff C worked for 3 nights and she did not obtain a personnel record for her. She did not obtain a background screening for Staff C to ensure she is eligible for employment.
 3. A review of Staff D's personnel record showed there was no hire date. On at 12:30 p.m., the administrator said she was hired 2 weeks ago. A review of her background screening showed she was eligible on . However, there was no employment history showing there was no break in employment for over 90 days.
- On at 12:30 p.m., the administrator said she was not aware of this issue.

Unclassified