STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967856	**10/17/2017**
NAME OF PROVIDER OR SUPPLIER **DESOTO PALMS ASSISTED LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5601 N HONORE AVE** **SARASOTA, FL 34235**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted through at Desoto Palms Assisted Living Community, an assisted living facility (license #11835) in Sarasota, Florida.

The following is a description of the deficiences found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review, and staff and resident interviews, the facility failed to offer supervision as appropriate and failed to have an awareness of the needs for Resident #2 with regards to maintenance.

The findings included:

Record review of Resident #2 revealed the resident has a with plastic tubing that drains into a leg bag or gravity drainage bag.

During an observation of Resident #2 on at 11:30 a..m., she was reclining in a recliner with her legs elevated, and she had a cloth sleeve approximately 4 inches wide and 4 inches in length with an elastic at each end covering the drainage bag. The sleeve covered her left ankle and a gravity drainage bag was inside with the tubing looped three times around the bag and the bag was tightly wrapped around her ankle preventing free flow of . The gravity drainage bag was not placed down below the resident's leg for proper drainage.

During an interview with Resident #2 on at 11:30 a.m., she reported the occupational had made the cloth sleeve for her to cover her leg bag but she prefers not to wear a leg bag and has not been wearing the leg bag for a few months. Resident #2 reported she likes to recline in her recliner chair with her feet elevated a few hours a day. She reported her gravity drainage stays inside the cloth sleeve when she elevates her legs in the recliner.

During an interview with the facility Nursing Supervisor and Director of Nursing on at 11:55 a.m., the Nursing Supervisor reported her job is to supervise the resident assistants. She reported she and the Director of Nursing were not aware Resident #2 was using the cloth cover over the gravity drainage bag and the position of the tubing and bag under the cloth sleeve was impeding the flow of . The Director of Nursing reported she was not aware Resident #2 reclines in her chair with her legs elevated daily and the gravity drainage bag was not positioned properly.

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Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review, observation and staff interview, the facility failed to provide an ongoing activities program and encourage residents to participate in social, recreational, educational, and other activities within the facility and the community.

The findings included:

The activity calendar for Monday , 2017 listed Dean Martin Show for 10 a.m.. At 10:45 a.m. an observation of the 2nd floor activity area showed no residents or staff present. The television screen had a still frame with a picture of Dean Martin and some words showing. This same still screen remained on the television at 2 p.m.. The calendar listed Bridge Club at 1:30 on 2 & 3 floor. An observation of the 2nd and 3rd floor at 1:50 p.m. revealed no staff members or residents playing bridge. The calendar listed Creative Coloring at 3 p.m. in the 3rd floor activity . Observation of the 3rd floor activity 3:10 p.m. revealed 2 residents with a pile of markers and coloring books in front of them. No staff were present.

The activity calendar for Tuesday , 2017 listed 9:00 a.m. morning exercise on the 1st floor in the . At 9:10 a.m., no residents were observed exercising in the . The dark with no lights on. At this time Resident #11 was overheard asking, "aren't we supposed to have exercise on Tuesday morning?" The Business Office/Human Resource manager told Resident #11 exercise is on Monday and Wednesdays. At 9:15 a.m., Resident #11 stated she was told exercise is on Monday and Wednesday.

On at 9:25 a.m., an observation of the 2nd and 3rd floors revealed no activities occurring and the 1st floor was still dark and empty. The Director of Nursing (DON) said the activities person is on vacation. The DON said there is an activities assistant who is off today however, activities is not her only job this week, she is also covering the desk.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to maintain documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 (Resident #5) of 2 resident records reviewed.

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The findings included:

Resident #5's chart revealed Resident #5's admission to the facility was on . . . . . Resident #5's daughter in law had signed the Assisted Living Residency Agreement with the facility in the years 2013, 2014, 2015, 2016, and 2017. Resident #5 did not sign the Agreement for those years. There was no documentation of a power of attorney in Resident #5's file.

On at 10:30 a.m., the Business Office/Human Resource manager said it is standard for residents to sign, but Resident #5 has always asked that her son do everything. The Business Office/Human Resources manager said the facility does not have any power of attorney or other paperwork.

Class