STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	**10/18/2017**
NAME OF PROVIDER OR SUPPLIER **SEA VIEW INN AT FOREST LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3548 SEA VIEW STREET** **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 Sea View Inn At Forest Lakes, an assisted living facility (license #8290) in Sarasota, Florida.

The following is description of the deficiencies.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed Health Assessment (AHCA Form 1823) signed by a healthcare provider for 1 resident (Resident #5) out of 2 resident records sampled.

The findings included:

1. Record review of Resident #5 showed an admission date of and Health Assessment (AHCA Form 1823) dated . The Health Assessment form did not indicate if Resident #5 needed assistance with medications.

2. During an interview on at 4:00 p.m., Staff B reported she was unaware the information was missing.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview, the facility failed to follow the healthcare providers directions for Medication (medication) for 1 resident (Resident #5) out of 3 resident records reviewed during Medication Pass on .

The findings included:

On at 8:00 a.m., observation of Medication Pass revealed healthcare provider order for " (Medication) 500 mg tab, take 1 tab by mouth twice daily before breakfast and supper." Documentation of Medication on Medication Observation Record (MOR) revealed scheduled time of 8:00 a.m. and 8:00 p.m..

On at 8:10 a.m., Staff A reported the scheduled time for supper at the facility was 5:00 p.m..

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On at 11:00 a.m., Staff C reported she was responsible for transcribing the medication on the MOR and did not look at the healthcare provider order.

Class III

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

Based on observation and interview, the facility failed to maintain an environment in good working order for residents.

The findings included:

1. During tour of the facility on at 7:00 a.m., observed the following:

Resident had chipped and , paint on bottom.

Resident #3's facing neighbor's house had 3 missing vertical slats.

Missing wooden floor board on threshold of Resident #3's .

Large overhead light in resident to not working.

2. During interview with Staff C on at 11:30 a.m., she reported she was not aware above items needed repair.

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on record review and interview, the facility failed to have an updated list of staff responsible for implementing their emergency management plan.

The findings included:

1. Record review of the current staff list for facility emergency management plan revealed the plan did

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SUMMARY STATEMENT OF DEFICIENCIES
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not include managers B and C.

2. On at 2:00 p.m., during and interview with Staff B, she reported she was not aware the list needed to be updated.

Class III