

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953648	(X3) DATE SURVEY COMPLETED 08/07/2018
NAME OF PROVIDER OR SUPPLIER ATRIA SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 4540 BEE RIDGE ROAD SARASOTA, FL 34233	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2018011614, 2018007406 and 2018009940 was conducted on _____ at Atria Sarasota, an assisted living facility (license #5851) in Sarasota, Florida.

Complaint # 2018011614 contained 2 allegations of which 1 was substantiated with deficiency and 1 was substantiated without deficiency.

Complaint # 2018007406 contained 2 allegations of which 2 allegations were substantiated with deficiency.

Complaint # 2018009940 contained 1 allegation of which 1 allegation was substantiated with deficiency.

The following is description of the deficiencies.

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

Based on interview and record review of 2 (Resident #1 and Resident #2) of 3 resident's reviewed, the residents did not receive medications as ordered by the physician.

The findings included:

1. On _____ at 11:00 a.m., Resident #1 said the facility failed to give her _____ medication to her for three months and her _____ for several days.

The nursing note of _____ stated, "Upon updating order it come to attention that when nurse entered medication on _____ both _____ and _____ were entered as self-administer in error has been corrected."

On _____ at 3:11 p.m., Medication Assistant Staff C said the facility runs out of medication for the residents.

On _____ at 3:15 p.m., Medication Assistant Staff F said she runs out of medication for her residents.

On _____ at 4:15 p.m., Resident Services Director Staff B said the facility ran out of medications frequently. She agreed Resident #1 did not receive her _____ from admission through _____.

Review of the _____, 2018 Medication Observation Record (MOR) for Resident #1 showed the resident did

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

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not receive her _____ on _____ and _____ of 2018. On _____ at 2:39 p.m., review of the incident report dated _____ showed Resident #1 did not receive her _____ on _____ and _____. 2. On _____ at 11:53 a.m., record review of Resident #2's MOR revealed he had a physician's order for suspension to instill 1 drop in both eyes three times a day. The MOR indicated the resident did not receive this medication 16 times during the month of _____ 2018. A review of his physician orders showed Resident #2 was to get assistance with his medication. On _____ at 12:08 p.m., Resident Service Director Staff B, agreed the medication for Resident #2 was not documented as given 16 times in _____ of 2018. Class III		