Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968576	A. BUILDING: _____ B. WING _____	08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING AT SARASOTA	1900 PHILLIPPI SHORES SARASOTA, FL 34231

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced biennial and limited nursing services survey was conducted on . . . . thru at Inspired Living at Sarasota, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies.	A 000		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 58A-5.0181, F.A.C. (b) In accordance with rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provide in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with	AN277		

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AN277	Continued From page 1 chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide Limited Nursing Services (LNS) for 1 (Resident #11) of 4 residents review for needing nursing services. Resident #11 entered the facility in need LNS for care and was never placed on the service. Resident had multiple track that resulted in multiple trips to the hospital for evaluation. Facility failure to assessment and monitor resident out put and care of can result in harm and need for higher level of care. The findings included: Resident #11 was admitted to the facility with an and had a history of . Resident #11 was not placed on LNS service for monitoring and care of that . Resident #11 had a referral to home health for changing of the monthly and as needed. Record review showed that Resident #11 has a history of ( ) and . Resident #11 also has and . Resident #11 most recent health assessment done on showed he needs assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. Record review revealed Resident #11 has had 7 in the last 10 months along with 4 and 3 trips to the emergency room.	AN277		

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AN277	Continued From page 2 On . . . . . Resident #11 was taken by his son to have an outpatient surgical procedure to place a . . . . . in the resident . . . . . . This is a procedure where an . . . . is made in the . . . . . wall over the . . . . . and the . . . . . is passed through the . . . . . wall into the . . . . . and secured. The . . . . . is then drained from that . . . . . Resident #11 was not placed on LNS services after returning to the facility after the procedure, even though he now had a . . . . . and a surgical . . . . to monitor and care for. On . . . . . at 11:28 a.m., Licensed Practical Nurse (LPN) Staff A said that they did have a man with a . . . . . in the facility, but the resident was not on the LNS list. She said she is aware the resident just had a surgical procedure done. On . . . . . at 12:50 p.m., Health & Wellness director, RN said Resident #11 had gone out of the facility on . . . . . for outpatient surgery to have a . . . . . placed. She said the resident's son took him and brought him . . . . in the afternoon and handed her 2 extra bags and home care instructions post procedure. The Health & Wellness Director said she did not place the resident on the limited nursing serviced log and did not look at or write orders for the care of the resident's fresh surgical . . . . . She acknowledged that without the order to care for the surgical . . . . . or directions for the nurses, they would not know to attended to it each shift or each day. She confirmed it had been now 6 days since the procedure. There were no orders to care for the . . . . . . Record review of nursing note since the resident's procedure documented that the . . . . . surgical insertion site was	AN277		

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AN277	Continued From page 3 only attended to twice in the 6 days since the procedure. Class III	AN277		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure 4 (Staff A, B, C, and D) of 4 sampled employees were not put on the facility roster within 10 days of hire. The finding included:	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 On review of personnel files revealed Staff A was hired on and was not placed on the facility roster until , 2 months after hire. Staff A was not on the roster within 10 days of hire. On review of personnel files revealed Staff B was hired on and was not placed on the facility roster until , 11 months after hire. Staff B was not on the roster within 10 days of hire. On review of personnel files revealed Staff C was hired on and not placed on the facility roster until , 2 months after hire. Staff C was not on the roster within 10 days of hire. On review of personnel files revealed Staff D was hired on and not placed on the facility roster until , 7 months after hire. Staff D was not on the roster within 10 days of hire. In an interview on at 3:11 p.m., the Executive Director said she was unaware the employees had not been place on the facility roster within 10 days of hire. Unclassified	CZ814		