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
	AL11968685	A. BUILDING: _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARASOTA ASSISTED LIVING LLC	3251 PROCTOR RD 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 complaint survey for #2023006434 was conducted on . ..... at Sarasota Assisted Living LLC, an assisted living facility in Sarasota, Florida. Complaint #2023004040 was substantiated at A077. The following is a description of the deficiency. .	A 000		
A 077 SS=E	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in	A 077		

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A 077	Continued From page 1 continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of	A 077		

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A 077	Continued From page 2 subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office	A 077		

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A 077	Continued From page 3 within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on interview, observation and record review, the Administrator had failed to ensure 5 (Staffs A, B, C, D, and E) of 5 certified nursing assistants (CNA's) from a Health Care Services Pool (HCSP) had received the required 4 hours of and Related training and 1 hour of Recognizing and reporting resident , neglect and , training prior to working at the Facility. The findings included: On at 4;31 p.m., during an interview, the Administrator said, on at 10:00 a.m., an incident between a HCSP staff and Resident #1 was reported to her. The incident occurred in which Resident #1 suffered harm while care was being attempted. The Facility and Resident #1's family had recognized Resident #1 did not respond favorably to unknown caregivers providing care, and the family hired a private caregiver from 7:00 a.m. to 7:00 p.m. daily. Resident #1 was usually overnight. The facility had posted a sign on the door advising that Resident #1 had a private caregiver and was not to receive care. Observation on found a sign posted on the door. Further observation on at 4:00	A 077		

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A 077	Continued From page 4 p.m., revealed Resident #1 had a large -aid on her right lower . There was noted to her right thumb area. The resident removed the -aid and there were four that were observed to be caused by from pressure being applied to the right . On at 4:10 p.m., the Administrator was asked to provide training and training for 5 agency CNA's who were through a HCSP and working on the Memory Care Unit. The following agency staff were requested: Staff A CNA, per , work assignments, Staff A worked on , , , and . Staff B CNA, per , work assignments, Staff B worked on . Staff C CNA, per , work assignments, Staff C worked on . Staff D CNA, per , work assignments, Staff D worked on , , , , , and . Staff E CNA, per , work assignments, Staff E worked on , , / , and . The Administrator stated she did not have copies of the training for the agency CNA's. The Administrator stated she thought the agency was responsible for ensuring the agency staff they provided had all the required training. The Administrator said she would get ahold of the agency and obtain the training. She provided the signed contract with the HCSP. A review of the contract signed by the Facility Administrator and the HCSP on showed "Terms of this staffing contract: [name and initials of the staffing pool], an AHCA [Agency for Health	A 077		

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A 077	Continued From page 5 care Administration] licensed, Health Care Services Pool will refer nursing professionals under contract with [initials of HCSP] for temporary staffing shortages. [initials of HCSP] conducts Background screens, drug screens, [ ] screens and all applicable license, reference and training verifications, including verification of COVID-19 testing ..." The Facility Administrator had not ensured that all required training was listed in the contract and was to be provided by the HCSP prior to staffing. On , the Administrator faxed to the Field Office, the training documentation she received from the HCSP on at 11:08 a.m., for Staff A, Staff B, Staff C, Staff D, and Staff E. The training for the Staff, C, Staff D and Staff E was dated . There was no training documentation provided for Staff A and Staff B; the email showed Staff A and Staff B had not had training yet. On the Administrator provided documentation for 4 hours training for Staff A dated , 1 hour training Staff B dated , 3 hours training for Staff C dated , 1 hour training for Staff D dated , and training on with no hours documented for Staff E. Only Staff A had the 4 hour training required under Assisted Living Facilities Regulation 59A-36.011(10) Florida Administrative Code. Class III	A 077		