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
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 relicensure, limited nursing services, emergency power plan monitoring, visitation form, and complaint survey for complaint #2025000136 was conducted on through at Brookdale Sarasota Midtown, an assisted living facility in Sarasota, Florida. Complaint #2025000136 was substantiated without citation. The following is description of the deficiencies: .	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 1 names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 2	A 052		

parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 3 not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure staff who assist residents with self-administration of medications do so in accordance with proper procedure for 6 (Residents #12, #13, #14, #15, #16, #17) of 6 medication observations. The facility failed to follow physician's orders when providing assistance with self-administration of medication according to medications orders for 1 (Residents #15) of 6 residents reviewed. The findings included: Medications and Treatment - Assistance with self-Administration of Medication - FL - 18. Effective date: . Last revised: . Policy Overview: Properly trained and or licensed associates may administer or assist the resident with receiving medication and treatment per physician/primary healthcare provider order and as per state regulation. This includes over the counter (OTC) medications as well as prescription drugs. The 7 rights of medication administration and adherence to appropriate control principles are considered acceptable nursing practice standard for safe administration. . . . .Policy detail: Associates assisting residents with medications should: 1.Wash and follow control policies. . .2.Read the information on the Medication Record or EMAR, comparing to the medication label and verify the following are the same. I. Right time. 6. Prepare for assisting the resident by doing the following: 7. Take the properly dispensed and labeled medication in the original container to the resident along with the Medication Record/EMAR and items as needed	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 5 form step 6 to the resident. 8. In the presence of the resident, read the label and explain the purpose of each medication. 14. Wash . 1. On at 9:00 a.m., Medication Technician (MT) Staff F was observed assisting Resident #12 with the following medications: , 10 mg (,), 25 mcg (D), E 400mg, 0.4 mg ( ), 500mg, 400mg (,), / 500/400 mg, and 325mg. Staff F went to the med cart parked down the hallway and removed Resident #12's medication from the medication cart. Staff F placed the dose of each medication into a cup and walked down the hallway to Resident #12's room, entered the room and gave the cup to the resident. Staff F said, "I have them here." Staff F did not inform Resident #12 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 12 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. 2. On at 9:20 a.m., MT Staff F was observed assisting Resident #13 with the following medications: 200 mg ( ), , , 25/100 mg ('s), , 5 mg ( ), and 75 mg (, Staff F went to the med cart parked down the hallway and removed Resident #13's medication from the medication cart. Staff F placed the dose of each medication into a cup and mixed the pills in with applesauce, walked down the hallway to Resident 13's room, and entered the room. Staff F said, "I have your pills for you." Staff F spoon fed the mixture directly into the of Resident #13.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 6 Staff F did not inform Resident #13 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 13 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. 3. On at 9:40 a.m., Med Tech Staff F was observed assisting Resident #14 with the following medications: , 500 mg (, relief), , , xl 150 mg (,), 12.5 mg ( ), , 2.5 mg ( ), D3 500 mg, 500 mg ( ), 10 mg ( ), , 500 mg ( ), 80 mg (high ,), , 5 mg (control), 80 mg ( ), , 150 mg ( ). Staff F went to the med cart parked down the hallway and removed Resident #14's medication from the medication cart. Staff F placed the dose of each medication into a cup. Staff F drew up into a syringe 10 mg, 1.5 ml (,) and walked down the hallway to Resident 14's room, entered the room and injected it directly into the of Resident #14, administering the medication. Staff F gave the cup with the other medications to the resident. Staff F returned the used, un-sanitized syringe into the medication box in the med cart. Staff F did not inform Resident #14 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 14 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. 4. On at 9:58 a.m., Med Tech Staff F was	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 7 observed assisting Resident #15 with the following medications: , 2 mg ( ), Minocycline 50 mg ( ), Probiotic 250 mg (digestion), Rosuvastatin 20 mg (.), 4 mg ( ), C 500 mg, , 50 mg ( ) and 50 mg (, relief) Staff F removed Resident #15's medication from the medication cart. Staff F placed the dose of each medication into a cup and gave the cup to Resident #15, and said, "here you go the is in there." Staff F did not inform Resident #15 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 15 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. On 9:50 upon observation, the . 50 mg was not scheduled to be given during the morning medication pass. The medication label indicated "take 1 tablet at bedtime." Review of the medication record indicated an order for , 25 mg "take 1 tablet in the morning for . . . ." ** Photographic Evidence Obtained** 5. On at 10:10 a.m., MT Staff F was observed assisting Resident #16 with the following medications: , 160-4.5 mcg ( ), , 50 mcg (,), 50 mg ( ), , 1000 mg, , 5 mg ( ), B-1 500 mg, , 200 mg (rhythm), and 60 mg (,). Staff F went to the med cart parked down the hallway and removed Resident #16's medication from the medication cart. Staff F placed the dose of each medication into a cup and walked down the	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 8 hallway to Resident 16's room, entered the room and gave the cup to the resident. Staff F said, "I have your meds." Staff F did not inform Resident #16 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 16 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. 6. On at 10:20 a.m., MT Staff F was observed assisting Resident #17 with the following medications: , 5 mg ( ), , 300 mg ( ), , 100 mg ( ), D3 500 mg, 100 mg ( ), and , 50 mg ( ). Staff F went to the med cart parked down the hallway and removed Resident #17's medication from the medication cart. Staff F placed the dose of each medication into a cup and walked down the hallway to Resident 17's room, entered the room and gave the cup to the resident. Staff F said, "I got some pills for you." Staff F did not inform Resident #17 what medications and dosages she was being given; Staff F did not perform hygiene before and after assisting Resident # 17 with medications. Staff F did not prepare the medications in the presence of the resident. Staff F continued to the next resident. On at 10:28 a.m., during an interview, MT Staff F said the residents know the meds they get better than she does, so she does not always tell them what they are getting. On at 10:33 a.m., during an interview, MT Staff F confirmed she did not tell the residents what medications and dosages they were being given, and she did not perform hygiene.	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 9 Staff F said, "I figured I did not touch the pills, so, I did not have to wash my ." On at 9:10 a.m., during an interview with the Administrator she stated MT's are not allowed to draw up liquid medications into syringes and administer medications to resident or spoon feed resident medications. The Administrator confirmed MT Staff F did not follow policy and procedure when assisting with medications. The Administrator stated they do not conduct any training with agency MT's on the facility policy and procedure when assisting with self-administration of medications On at 9:55 a.m., during an interview, the Health and Wellness Director (HWD) said "med techs are not allowed to draw up medications in a syringe, any medication that is in a syringe needs to be prefilled and med techs as are not allowed to spoon feed residents medication that is administration and not assisting, and they are not allowed to put the syringe in the resident and plunge the medication." The HWD confirmed Staff F did not follow proper procedure when assisting with the med pass. On at 10:35 a.m., On at 10:35 a.m., during an interview, the Health and Wellness Director (HWD) acknowledged the medication error of Resident #15 received the incorrect dosage of medication. The HWD stated Staff F should not be documenting the correct medication dosage of 25 mg were given as it is considered falsifying documentation, and she should not be giving bedtime medication in the morning. The HWD confirmed Staff F was not following the policy and procedure for assisting with self-administration of medication and documenting medication when given.	A 052		

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
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 052	Continued From page 10 Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911216	A. BUILDING: _____ B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA MIDTOWN	2186 BAHIA VISTA STREET SARASOTA, FL 34239

(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 054	Continued From page 11 . Based on observation, and record review, the facility failed to ensure Medication Observation Records (MOR's) were documented accurately each time a medication is given for 1 (Resident #15) out of 6 residents observed. The findings included: On at 9:45 a.m., during morning medication pass observation, Medication Technician (MT) Staff F provided , 50 mg to Resident #15. Review of the Medication Observation Record indicated , 50 mg was scheduled for bedtime. The physician order for morning medication indicated , 25 mg 1 tablet in the morning for , , , ( ). MT Staff F documented incorrectly on the MOR, indicating 25 mg was given, not 50 mg as was observed. ** Photographic Evidence Obtained ** On at 10:35 a.m., during an interview, the Health and Wellness Director (HWD) acknowledged the medication error of Resident #15 received the incorrect dosage of medication. The HWD stated MT Staff F should not be documenting the correct medication dosage of 25 mg was given as it is considered falsifying documentation, and she should not be giving bedtime medication in the morning. Class III .	A 054		