STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	04/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Excelsior Omega Inc	15 Dade Ave Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
These are the results of an unannounced Biennial survey completed on [redacted] at Excelsior Omega Inc., an Assisted Living Facility (ALF) in Sarasota, FL.

The following is a description of non-compliance:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interviews, the facility failed to properly assist 1 (Resident #3) of 3 residents observed receiving assistance with self-administration of their medications by not identifying the medication to a resident.

The findings include:

On [redacted] at 12:00 p.m., Resident #3 was observed being assisted with her medications by Staff A. Resident #3's medication record indicated she was to receive Voltran 50 mg 1 tablet and [redacted] 50 mg 1 tablet. Staff A was observed at the medication cart removing Resident #3's medications from the pharmacy packaging and placing the tablets into a metal medication cup. Staff A preceded to hand the medication cup to the resident who was seated in a wheelchair next to the medication cart. The resident stated she wanted to take the medication with the drink she had left on the dining [redacted]. The surveyor accompanied Staff A and the resident to the dining [redacted] the resident took the medications. Staff A did not identify the medications to the resident.

On [redacted] at 12:30 p.m., the surveyor interviewed Resident #3 in regards to what the medications were that she had just taken and the resident stated she did not know.

On [redacted] at 1:56 p.m., the surveyor discussed with the Staff A that she did not identify the medications to Resident #3 when assisting her.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, the facility failed to ensure that 1 (Employee B) of 3 sampled staff received all required in-service training's within 30 days of hire. The facility did not have documentation of required training to Employee B on the facility's emergency procedures or training on the facility's elopement policy.

The findings include:

A review of Employee B's personnel file completed on [redacted] revealed no hire date documented. However, the dates on her application, reference and other training certificates were from [redacted] 2013 and [redacted] 2013. Employee B's personnel file did not contain any documentation of completed training on the facility's

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emergency procedures or elopement policy and procedures.

When interviewed on [redacted] at approximately 4:50 p.m., the facility's manager stated Employee B started working at the facility in mid-No[redacted] 2013.

When interviewed at the same date and time, the Administrator said she thought Employee B had all of her required in-service trainings.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review, observation and interviews, the facility failed to follow the menu as planned by the Registered Dietitian or offer a substitute of equal nutritive value at the noon meal observation.

The findings include:

The menu that was posted in the facility, indicated for lunch on [redacted], the residents were to have a Tuna sandwich with 2 slices of bread, vegetable soup, tomato slices, peaches, milk, coffee or tea or juice.

On [redacted] at 12:00 p.m., surveyors observed the table was set for 4 residents and consisted of a Tuna sandwich, tomato slice and vegetable soup. There were no peaches or substitute desert on the table.

On [redacted] at 3:50 p.m., Resident #4 stated to the surveyor that he did not have any desert at lunch today and was not offered one.

On [redacted] at 3:52 p.m., Resident #3 stated to the surveyor that she did not have any desert at the noon meal and was not offered any.

On [redacted] at 4:50 p.m., the surveyors discussed with the Administrator and Staff A that the menu was not followed for the noon meal by peaches not being served to the residents. Staff A stated that the residents had refused the peaches and that she knew they did not like them. The surveyors discussed that there was no evidence that the residents had been offered a desert of similar nutritive value that they did like.

On [redacted] at 10:51 a.m., during an interview with the Registered Dietitian, she stated that she plans the menus for the facility and they are given guidance that if residents do not like an item it is to be replaced with something of similar nutritive value and noted on the substitution log. She stated if there is an ongoing issue with most residents not liking an item the facility should contact her to make a menu change. The Registered Dietitian stated she would not want residents to just be given a cupcake instead of the peaches as there are good nutrients in fruit.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews, the facility failed to maintain a clean and sanitary environment that was in good repair and free of odors.

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The findings include:

On [redacted] at 9:14 a.m., during a tour of the facility, surveyors made the following observations;

1. [redacted] in the hallway next to resident [redacted] was soiled with rusted metal bar near floor; toilet with [redacted] stains, stains on toilet seat; strong [redacted] odor in [redacted], tile grout appeared to be stained and soiled, sink faucet was corroded along front; frayed carpet at entrance and no soap available to wash hands.

2. A large [redacted] in the wall next to laundry [redacted] a strong mildew odor was noted in the laundry [redacted]

3. Surveyors opened the cupboard under the kitchen sink and a strong mildew odor was noted. A plastic basin was observed under the pipe and was filled with a cloudy substance that was partially skimmed over. A white substance with several areas of black was noted to cover the entire base of the cupboard.

An interview with Staff A at the time of the observation stated this was from a leak that was being fixed today. Surveyors also noted an electrical power strip in use on the floor next to the basin. The backsplash along the top of the kitchen counter was separated from the wall

4. The wall under the sink in [redacted], located in hallway opposite from kitchen, was observed to be heavily stained and the wallpaper appeared to be soiled.

5. [redacted] located near resident [redacted] 7 and 8, had a black substance around sink bowl and the grout was heavily stained. The cover in the overhead light fixture was also broken.

6. The couch in the lobby area had worn areas on the seat cushion and arm rest.

On [redacted] at 4:50 p.m., the surveyors discussed these findings with the facility Administrator and Manager.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

17, 2014

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Biennial survey that was completed on , 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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