STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964934	**06/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CABOT RESERVE ON THE GREEN	**4450 8TH STREET SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced Complaint Survey CCR# 2015004517 with 6 allegations was conducted on and at Cabot Reserve on the Green, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The following is a list of the deficiencies:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to maintain an accurate record of the change in the method of medication administration for 1 (Resident #1) out of 2 resident records reviewed.

The findings included:

Record review of Resident #1's health assessment (1823) revealed no updated health care provider order for administration of medications. The current order states the resident needs assistance with self-administration of medications.

During an interview with Staff C (Hospice Nurse) on at 11:30 a.m., she stated, "The Resident needs Administration of medications. She has been for months, unable to assist with self- administration of her medications."

The Resident Care Director stated on at 1:45 p.m., "I was not aware I needed a new health care provider order."

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and record review, the facility failed to have Licensed Personnel administer medication for 1 (Resident #1) out of 2 Resident records reviewed.

The findings included:

The Resident Care Director stated on at 10:35 p.m., "I have been allowing the Med Techs on numerous times to administer oral with a medication syringe to Resident #1, twice daily. I don't have the time, sometimes to administer the medication."

Record Review of Resident #1's Medication Observation Record (MOR) dated 2015 until time of survey, revealed documentation by Med Techs (unlicensed staff) administering oral to the resident for over 5 months.

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0053 Continued From page 1

During an interview with Staff C (Hospice Nurse) on at 11:30 a.m., she stated, "We had arranged the times, scheduled twice daily at 8:00 a.m. and 4:00 p.m., so a nurse could administer the medication."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to maintain an accurate medication observation record (document medication errors) for 2 (Residents #1 and #2) out of 2 Resident Records reviewed.

The findings included:

1. Record Review of Resident # 2's Medication Observation Record (MOR) revealed an extra patch was applied to resident on . The Physician order stated: Patch to be given every 72 hours.

2. The count for oral liquid for Resident #1, on at 8:00 a.m., revealed a discrepancy of what was noted left in bottle and what was recorded in count book.

3. Interview with Resident Care Director on at 1:30 p.m., she stated: "I don't see an error regarding Resident #1's I thought an incident report was documented, regarding the extra dose of patch for Resident #2."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cabot Reserve On The Green
4450 8th Street
Sarasota, FL 34232

RE: CCR #2015004517

Dear Administrator:

This letter reports the findings of a complaint survey that was completed on , 2015 by a representative 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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