STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967402	03/09/2016
NAME OF PROVIDER OR SUPPLIER **EXCELSIOR OMEGA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15 DADE AVE** **SARASOTA, FL 34232**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on at Excelsior Omega, Inc., an Assisted Living Facility in Sarasota, Florida.

The following is description of the deficiencies.

0078 Staffing Standards - Staff

Based on observation, record review and interview, the facility failed to have an annual ( ) statement for the Administrator (hire date 2008).

The findings included:

Record eview of the Administrator's file revealed no annual or freedom from communicable statement.

During interview with Staff A on at 4:00 p.m., she reported she was not aware information was not in the record.

Class III

0081 Training - Staff In-Service

Based on observation, record review and interview, the facility failed to have nutritional and safe food handling training for Staff B, a caregiver who assist residents with dining.

The findings included:

Record Review of Staff B (hire date /) revealed no training in nutritional and safe food handling within 30 days of hire.

During interview with Staff A on at 3:45 p.m., she reported she will provide training.

Class III

0082 Training - /

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, record review and interview, the facility failed to have training for Staff B.

The findings included:

Staff B (hire date /) did not have required 2-hour training within 30 days of hire.

During Interview with Staff A on / at 4:30 p.m., she reported she was not aware training was missing.

Class III

0092 Food Service - General Responsibilities

Based on observation and interview, the facility failed to perform food service in a safe and sanitary manner.

The findings included:

Staff A was observed on / at 12:45 p.m., to wash her hands and then place hands on kitchen cabinet door to reach in to get paper towels. Staff B was observed on at 12:30 p.m., to have glove on her left hand while cutting sandwich and then removing glove and attempting to reapply same glove without washing or sanitizing her hands.

During Interview with Staff A on / at 1:00 p.m., she reported she was aware of these issues.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to maintain a safe living environment for residents.

The findings included:

During tour of facility on at 10:00 a.m. the following was observed: kitchen walls had stains; dining chairs with torn fabric; 1 light fixture in the kitchen was not operational; another light in the kitchen was covered with dust; wallpaper in the hallway had a yellow stain; the hood over the stove was covered with grease; and the resident were dirty.

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During Interview with Staff A on . . . at 11:00 a.m., she reported she would address these observations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Excelsior Omega Inc
15 Dade Ave
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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Fort Myers, FL 33901
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