STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964952	08/09/2016
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **5509 SWIFT ROAD** **SARASOTA, FL 34231**	

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

0000 Initial Comments

An unannounced complaint investigation CCR #2016006974 was conducted on / at Arden Courts Manorcare Health, (license #9414) an Assisted Living Facility located in Sarasota, Florida.

The complaint contained 2 allegations of which 1 was substantiated.

The following is a description of the defiency.

0025 Resident Care - Supervision

Based on a review of 1 (Resident #4) of 3 resident records and interview with administrative and facility staff, the facility failed to ensure there was communication between the resident's family and the facility about a incident which occurred for 1 of the residents reviewed (Resident #4). The facility also failed to have an effective grievance program.

The findings included:

1. Resident #4 was admitted to the facility on with diagnosis which included , and valvular .

The individual service note dated / at 10:00 p.m. said the resident was very agitated and had exit seeking behaviors starting in midafternoon. At 4:30 p.m., the resident was screaming going from wing to wing in the building slamming the walker against the walls and doors yelling about going home. The resident yelled about calling the police and threatened both caregivers and nursing staff. "I'll get a gun and shot you." The resident was not able to be redirected and refused to take medications. The psychiatrist was called and an order for (an medications use to sedate patients) to be given as a shot, and the resident was to start on another medication daily. The resident continued to walk about after the shot, but the aggressive behavior was diminished 1 hour after administration of the medications. There was no evidence the family was notified of the incident.

On at 1:30 p.m., the nurse, Staff A who was present the evening of the event admitted she did not notify the family about the incident.

A review of the policy and procedure for change of condition protocol revealed during the decision phase and the intervention phase it mentioned the need to notify the family for a change in condition.

2. On , at 10:00 a.m., the Administrator said she did not have a grievance log of any kind. She

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did say she had a form which could be used, but she said they always solve the issues right away and do not write any of it down. A review of the grievance policy revealed the policy related to grievance. Included in the policy was: if the concern was not immediately resolved it will be logged on the concern form, reviewed by the executive director, and be addressed. The concern forms will be filed in a 3 ring binder and be maintained in the Executive director's office.

On at 10:35 a.m. and 10:37 a.m., Staff B and Staff C were interviewed about grievances. They both said they would report any issues to the nurse or the Administrator. They would not fill out any form. They were unaware there was a grievance form.

On at 6:40 a.m., Resident #4 and complained of back being . The resident had never before and had just started on the new medications to help keep her calm. There was no documentation of any response to the new medication in the record. The resident's family was notified of the . On the 4:00-12:00 p.m. shift the nurse noted the resident had gone out with the son. The resident returned and was sitting on the walker with head down. The son complained the resident was so . He wanted to make sure the resident got no more of the new medication. He also reported he wanted to be called for any more outbursts so he could come and calm the resident down.

On at 2:11 p.m., an interview was conducted with the resident's son. He indicated he was upset as he found the resident was " ." He said they did not notify him about the incident until the next week and he felt strongly the resident was overmedicated. There was no documentation about the son's concern or grievances in the grievance log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Arden Courts Manorcare Health
5509 Swift Road
Sarasota, FL 34231

RE: CCR #2016006974

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 9, 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

David Day for.

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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