

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Pines of Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 N Orange Ave Sarasota, FL 34236	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49527</p> <p>Based on observations, interviews, and facility document review, the facility failed to assure that medications were secure and inaccessible to unauthorized staff and residents for 2 (Residents #42 and #75) of 2 residents reviewed for medication storage.</p> <p>The findings included:</p> <p>Review of the facility policy titled Medication Storage in the Facility with an effective date of March 2019, showed Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>1. On 4/30/2024 at 9:40 a.m., Resident #75 was observed with 1 small circular white pill on the nightstand and 9 pills in a medication cup on his bedside tray table. Resident #75 said the small circular white pill is his diuretic pill. Resident #75 said he waits to take his diuretic pill after his physical therapy. Resident #75 said his doctor told him he could take it later so he will not have to use the bathroom during therapy.</p> <p>On 4/30/24 at 10:03 a.m., an interview with Agency Registered Nurse (RN) Staff E said she could not recall if she observed Resident #75 take his medications. RN Staff E confirmed the small circular white pill was on the nightstand of Resident #75.</p> <p>On 4/30/2024 at 10:10 a.m., Assistant Director of Nursing, Infection Control Preventionist, Risk Manager (ADON, ICP, RM) reviewed the Medication Administration Record (MAR) and confirmed RN Staff E signed off that 10 pills to Resident #75 were administered. The ADON said the nurse should stay with a resident to ensure all pills are taken at the time of administration. The ADON confirmed there was a small circular white pill on the nightstand.</p> <p>2. On 5/01/24 at 9:50 a.m., an observation with the ADON was made of artificial tears medication sitting on the caddy bin in the hallway outside of Resident #42's room. *</p> <p>On 5/1/24 at 9:54 a.m., ADON said medications should not be left in the hallway.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	*Photographic Evidence Obtained