

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 07/14/2020
NAME OF PROVIDER OF SUPPLIER PINES OF SARASOTA		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview the facility failed to safeguard residents' well-being in the Dementia Unit by failing to follow current infection control standards related to COVID-19 recommendations set forth by Centers for Disease Control and Prevention (CDC). Refer to https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The findings included: On 7/14/20 at 11:20 a.m., during observation of the residents on the Dementia Unit, twenty-five residents were observed sitting in a circle in the common area. Twenty of the residents were sitting in wheelchairs and five residents were sitting in regular chairs. The wheelchairs were almost touching each other, and the regular chairs were positioned almost touching the next chair. There was no social distancing encouraged by the staff for the residents. The Dementia Unit was fully staffed. On 7/14/20 at 11:50 a.m., observed staff setting up tables in the common area for the twenty-five residents. There were small tables set up seating four residents per table who were not six feet apart. On 7/14/20 at 11:50 a.m., in an interview the Administrator said it was difficult to try and encourage the Dementia Unit residents to wear masks and difficult for staff to keep residents six feet apart from one another. The Administrator said she was aware there was communal dining and group activities for twenty-five residents in the Dementia Unit. On 7/14/20 at 1:15 p.m., in an interview Licensed Practical Nurse Staff B said the Dementia Unit staff had not received any education since May 2020 instructing them to encourage the Dementia Unit residents to wear masks. She said the staff has had no instructions regarding social distancing the residents on the Dementia Unit for group activities or communal dining. On 7/14/20 at 1:20 p.m., in an interview Certified Nursing Assistant (CNA) Staff C said there had been no instructions for Dementia unit staff to socially distance (six feet apart) the residents for group activities or communal dining. On 7/14/20 at 1:30 p.m., in an interview CNA Staff D said the staff in the Dementia Unit were not instructed to encourage the residents to wear masks or to keep residents socially distant. She said there was no social distancing (six feet apart) of residents during group activities or dining. On 7/14/20 at 1:35 p.m., in an interview Activity Coordinator (Dementia Unit) Staff E said the Dementia Unit staff had not had been given instructions that residents were to wear masks or keep socially distant during group activities or communal dining. She said she was not aware the staff needed to do that. On 7/14/20 at 1:40 p.m., in an interview CNA Staff F said the Dementia Unit staff had not had any instructions to encourage the residents to wear masks. She said she was told two or three weeks ago to separate the Dementia Unit residents six feet apart. On 7/14/20 at 2:20 p.m., in an interview Registered Nurse Staff G said her job was Staff Education, she trained the staff on CDC guidelines. She said she had done training for staff to keep six feet apart from other staff, but she did not instruct staff on the Dementia Unit that residents were to wear masks or to keep residents six feet apart.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.