Nursing Homes Federal Reporting



Reporting Person Information

Report # 71000

First Name	Elizabeth
Last Name	Squitieri
Position	RN
E-mail	${\bf Elizabeth. M. Squitieri@consulatehc. com}$
Telephone	(941)957-0310

Facility Information

Facilities Name	BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER
Address	741 SOUTH BENEVA ROAD
City	SARASOTA
Zip	34232
Telephone	(941) 957-0310
Fax Number	(941) 365-7324
License #	1049096

Resident Information

First Name	Middle Initial	Last Name
Earnest		Smith

Alleged Perpetrator Information

First Name Middle Initial Last Name	Capacity	License Number
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Witness Information

First Name	Middle Initial	Last Name	Capacity
Cheryl		Smith	

Date / Time of Incident

2/2/2019 8:17 AM

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Immediate Report

Neglect

Who has been notified?

Abuse Registry

2/2/2019

Description of Incident

Wife stated neglect at finding husbands brief wet this morning when she visited. Per nurse brief was dry at start of shift. Brief change was done immediately. Skin found to be intact. Investigation initiated.

Facility's Immediate Response

Brief was changed immediately. Skin was found to be intact. Investigation initiated.