

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/15/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE MEADOWS OF SARASOTA SENIOR LIVING

**1809 18TH STREET
SARASOTA, FL 34234**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A follow-up by desk review was conducted from _____ through _____ for The Meadows of Sarasota Senior Living, an assisted living facility in Sarasota, Florida. The follow-up was in response to the the change of ownership, health facility reporting system, emergency power plan, visitation monitoring and complaint survey completed on _____. The following is description of the deficiency found at the time of the desk review.	{A 000}		
{A 085} SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the Assistant Administrator had evidence of 2 hours of continuing education annually in food service and nutrition. The findings included:	{A 085}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 085}	Continued From page 1 On, record review revealed no evidence of 2 hours of continuing education annually in food service and nutrition for the Assistant Administrator. On at 12:47 p.m. in a phone interview, the Administrator confirmed there was no evidence of 2 hours of continuing education annually in food service and nutrition for the Assistant Administrator. Class III	{A 085}		