

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R /2024
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF SARASOTA		STREET ADDRESS, CITY, STATE, ZIP CODE 7130 BENEVA ROAD SARASOTA, FL 34238		
(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 1/15/2024 for Savannah Grand of Sarasota, an assisted living facility in Sarasota, Florida. The follow-up was in response to the reficensure, emergency power plan, health facility reporting system, generator, visitation form, and com, mpleted on 1/10/24. The following is a description of the deficiency found at the time of the desk review:	{A 000}		
{A 083} SS=D	59A-36.011(5) FAC Training - First Aid and CPR (5) FIRST AID AND CARDIOPULMONARY RESUSCITATION (CPR). A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current CPR certification that requires the student to demonstrate, in person, that he or she is able to perform CPR and which is issued by an instructor or training provider that is approved to provide CPR training by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	{A 083}		

AHCA Form 3020-0001

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

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(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH GRAND OF SARASOTA

7130 BENEVA ROAD
SARASOTA, FL 34238

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{A 083}	Continued From page 1 facility failed to ensure a staff member who has documentation of current Cardio Pulmonary Resuscitation (CPR) and First Aid training (from a recognized provider that requires the student to demonstrate, in person, that he or she is able to perform CPR) was in the facility at all times on 6 of 14 days reviewed. This has the potential to lead to proper emergency care not being . . . m needed. The findings included: On 3/20/24 review of the CPR card for Staff A revealed the training was all done online and did not have the student to demonstrate, in person, that . . . is able to perform CPR. On 3/20/24 review of the CPR card for Staff L revealed the training was all done online and did not have the student to demonstrate, in person, she is able to perform CPR. On 3/20/24, record review revealed Staff A and Staff L were the only employees . . . mm /28, . . . , 3/5, 3/6, 3/8 and 3/12 of 2024. As a result, no-one in the facility on those shifts had documented CPR training from a recognized provider. On 3/20/24 at approximately 11:45 a.m. in a phone interview, the Executive Director said he was not aware of the requirement that CPR training have the student demonstrate, in person, that he or she is able to perform CPR. Class III	{A 083}		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE PHILLIPPI CREEK

**5501 SWIFT ROAD
SARASOTA, FL 34231**

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{CZ814}	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective _____, or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before _____, initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person's status has been made. 2. Effective _____, initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person's status has been made.	{CZ814}		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE PHILLIPPI CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 5501 SWIFT ROAD SARASOTA, FL 34231		
(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
{CZ814}	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person's full first name, middle initial, and last name; social security number; date of birth; mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure initial employment was reported to the Agency for Health Care Administration (AHCA) Clearing House employee roster within 5 business days of employment as required for 1 (Staff L) of 1 staff sampled. Employees not on the roster could enable ineligible persons to continue to have access to residents. The findings included: On , record review revealed a date of hire for Nursing Assistant, Staff L of . Review of the AHCA employee roster on revealed Staff L was added to the employee roster on , 10 business days after hire. On at approximately 2 p.m. the Executive Director said the Business Office Manager who was responsible for maintaining the employee	{CZ814}		

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{CZ814}	Continued From page 2 roster was no longer with the facility and was not surprised Staff L was not added to the AHCA roster within the required time frame. Unclassified	{CZ814}		