STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lamplight At Sarasota	743 S. Beneva Road Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:
These are the results of Complaint Surveys, CCR# 2014004809 and CCR# 2014004841 was conducted from through at Lamplight at Sarasota, an Assisted Living Facility (ALF).

Complaint #2014004809 had two allegations. One allegation was substantiated with citations. The following are the citations for this complaint: A0083 and A0091.

Complaint #2014004841 had two allegations. None of the allegations were substantiated and the facility did not receive citations as a result of this complaint.

The following is a description of non-compliance:

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel records reviewed, a review of the facility schedule and staff interview, the facility failed to ensure 3 (Staff H, J, and K) of 3 staff members at the facility are certified in and 1st Aid at all times.

The findings include:

1. A review of Staff H's personnel record showed there is no certification in and 1st Aid. A review of the facility staff schedule shows she works on third shift.

2. A review of the staff schedule shows Staff J works with Staff H. A review of Staff J's personnel record showed his expired on and there is no 1st Aid certificate.

3. A review of the staff schedule shows Staff K works with Staff H and J. A review of Staff K's personnel record showed her is for children and . There is no 1st Aid certificate.

4. A review of the staff schedule shows these three staff members work on the third shift. In the following week there will be no staff certified in and 1st Aid in the facility on the third shift on and

5. Interviews were conducted with the Resident Care Director and Business Office Manager on at 11:30 a.m. The both were not aware Staff K certificate was for and children. They were also not aware Staff H, J, and K did not have their 1st Aid certificates and Staff H and J's certificates. They state the staff has them but they need to obtain a copy of their certificates and put them in their personnel files.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on one of three personnel records reviewed and staff interview, the facility failed to provide the proper documentation for Staff G for control, Activities of Daily Living (ADL), and Behavioral needs.

The findings include:

A review of Staff G's personnel record showed she was hired on A review of her training showed she had

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one hour of Behavioral Needs on . . . . There was no documentation she had training in ADLs. On . there was documentation she had training in Control. However, there was no documentation showing how much time this training occurred. The requirement is one hour.

Interviews were conducted with the Resident Care Director and Business Office Manager on . at 1:10 p.m. They both stated this information and training will be corrected.

Class . .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lamplight At Sarasota
743 S. Beneva Road
Sarasota, FL 34232

RE: CCR #2014004809 & CCR# 2014004841

Dear Administrator:

This letter reports the findings of a complaint survey that was completed on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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