STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911906	**03/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CLARE BRIDGE OF SARASOTA	**8450 MCINTOSH ROAD SARASOTA, FL 34238**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) survey was conduction on [redacted] at Clare Bridge of Sarasota, an Assisted Living Facility (ALF) in Sarasota, Florida.

The following is a description of deficiencies at the time of survey.

0089 - [redacted] - Special Care - 429.178 FS

Based on record review and interview, the facility failed to ensure 3 (Staff A, C, and E) of 5 direct care staff members received [redacted] Level I and [redacted] Level II training within required dates of hire.

The findings included:

The facility advertises itself as Clare Bridge of Sarasota, an [redacted] Care Community for Seniors. The front entry of the facility is limited access, requiring a staff member to input the code for entry and exit.

1. Record review for Staff A showed a hire date of [redacted] as a Resident Care Associate. There were no certificates or documentation indicating that [redacted] training was completed.

2. Record review for Staff C showed a hire date of [redacted] as a Nurse / LPN. There were no certificates or documentation indicating that [redacted] training was completed.

3. Record review for Staff D showed a hire date of [redacted] as Nurse / LPN. There were no certificate or documentation indicating that [redacted] training was completed.

An interview with the Administrator on [redacted] at 1:20 p.m., confirmed the facility is a memory care facility. She confirmed that there was no documentation confirming Staff A, C, and E completed the required [redacted] Level I and Level II training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Clare Bridge Of Sarasota
8450 McIntosh Road
Sarasota, FL 34238

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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,

for:
Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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