STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964562	06/19/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SHERIDAN MANOR	2415 NORTH 20TH AVENUE HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced Relicensure survey with Limited Nursing Services was conducted on at Sheridan Manor. The facility had deficiencies found at the time of the visit.

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on record review and interviews, the facility failed to ensure that resident funds were accurately accounted for in 1 out of 10 residents (Resident #12) who had personal funds held by the facility for safekeeping.

The Findings Include:

In an interview conducted on at 10:11 AM, Resident #12 stated the Co-Owner kept money for safekeeping. Resident #12 stated she does not know how much money the Co-Owner kept. She asked this writer to find out the amount.

The Co-Owner stated via phone call on at approximately 2:40 PM that he and the Owner were out of town. The Co-Owner confirmed that he keeps money for safekeeping for Resident #12. He stated the resident has not requested money for 4 or 5 months. When asked if he had an accounting of Resident #12's funds, the Co-Owner stated he was out of town and could not provide the information. When the Co-Owner was asked if the Administrator could access the information, he stated she could not. The Co-Owner stated he does not give the resident quarterly statements for her personal account funds as, "It's just a small amount of money." The Co-Owner stated he did not know what other residents he kept funds for as he did not have his records with him.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on interview and record review, the facility failed to provide and maintain documentation of employment or contract with a nurse who must be available to provide Limited Nursing Services (LNS) as needed by residents.

The Findings Include:

A review of the facility license revealed the facility was licensed to provide limited nursing services on the facility's LNS license. On , a facility record review found no documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

In an interview with the Assistant Administrator on at 1:15 PM, she stated she knows the facility has an LNS nurse. At 2 PM, the Assistant Administrator stated she could not locate the documentation and no further information was available for review.

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

N277 Continued From page 1

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Sheridan Manor
2415 North 20th Avenue
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an onsite visit 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com