

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968576	(X3) DATE SURVEY COMPLETED 06/29/2015
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PHILLIPPI SHORES SARASOTA, FL 34231	

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

0000 - Initial Comments

On _____ a Complaint Survey CCR #2015003430 was completed at Inspired Living At Sarasota, an Assisted Living Facility located in Sarasota, Florida.

Two allegations were substantiated. At the time of the survey the following deficiencies were identified:

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to provide the appropriate _____ and related training (ARDT) for 2 (Staff #C and #E) of 5 staff reviewed.

The findings included:

1. Record review found an advertisement on the table in the entrance way of the facility. This advertisement says "Caring for a loved one with _____ or _____ We are here to support you."
2. Record review for Staff C found she was hired on _____. There was no documentation found in the record that Staff C had received the required Level I ARDT training. This training is required within 90 days (3 months) of employment.
3. Record review for Staff E found she was hired on _____. There was no documentation found in the record that Staff C had received the required Level I ARDT training. This training is required within 90 days (3 months) of employment.
4. On _____ at 2:30 p.m., the Administrator said that records of all training are in the file. They do have an on going training scheduled, but the training for Staff C and E have not been completed at this time.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to complete a level II background screening for 1 (Staff #D) of 5 employee reviewed.

The findings included:

Record review for Staff D found a hire date of _____. There was no documentation of a completed background screening in the file.

On _____ the Administrator said she tried to verify a background screening for Staff D. The Administrator said

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Z815 Continued From page 1

Staff D was not found in the Agency's background screening data base.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Inspired Living At Sarasota
1900 Phillippi Shores
Sarasota, FL 34231

RE: CCR #2015003430

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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. **Please forward documentation of correction to the Field Office.** 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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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