STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911906	**07/30/2015**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DEER CREEK SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8450 MCINTOSH ROAD SARASOTA, FL 34238**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on / through at Brookdale Deer Creek an Assisted Living Facility (ALF) located in Sarasota, Florida.

The following is a statement of non-compliance:

0081 Training - Staff In-Service

Based on personnel records reviewed and staff interview, the facility failed to ensure 1 (Staff F) of 3 employees received proper training in nutrition and safe food handling within 30 days of her employment.

The findings included:

A review of Staff F's personnel record showed she was hired on ../../.. A review of her training showed she had 30 minutes of training in "Food Safety."

An interview was conducted with the administrator on / at 11:30 a.m. She stated she was not able to find any more training for Staff F to complete the required one hour training of nutrition and safe food handling within her 30 days of employment.
Class III

0086 Training - ADRD

Based on three of three personnel records reviewed, a review of the facility's advertisement and staff interview, the facility failed to ensure 3 (Staff D, E, and F) out of 3 employees had four hours training level 1 within the first 3 months of employment and four hours training of level 2 within the first 9 months of employment.

The findings included:

A review of the facility advertisement shows they are a "Memory Care" facility who cares for residents with and type residents. The facility is also secured.

A review of Staff D, E, and F shows they were hired on , .../.., and ../../.. respectively. Staff D had four hours of training on /, Staff D had eight hours training but it showed no date, and Staff E had 8 hours training on /.

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SUMMARY STATEMENT OF DEFICIENCIES
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An interview was conducted with the administrator at 10:30 a.m. on . She reviewed these personnel records and the training and confirmed the error.

Class III

0092 Food Service - General Responsibilities

Based on observation and staff interview, the staff in charge of food service failed to perform his duties in a safe and sanitary manner.

The findings included:

Observation in the kitchen on at 11:55 a.m. showed an ice scoop was placed in bucket. The bottom of this bucket had a large amount of black substance. The ice scoop was resting on the bottom of this bucket. Ice was served to the residents during lunch in their drinks and the ice scoop was used.

Observation at 12:00 p.m. showed food not stored appropriately. In the storage trays of cookies were stored in a bin. Three sides of the bin were covering the cookies but one side was not covered exposing the cookies. In the same storage were two bags of pasta not covered. An interview was conducted with the cook at 12:05 p.m. on . He confirmed this observation and stated he will take care of these issues.

Observation at 12:13 p.m. showed the cook cutting a sandwich by placing the sandwich on the counter next to the steam table. This counter was not sanitary. He also put his bare hands on the bread of the sandwich. He was placing tomato slice on each plate with his gloved hands. He would also touch many surfaces with his gloved hands while placing the tomatoes on the residents' plates.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Deer Creek 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 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. 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

XG90

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