STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	10/27/2015
NAME OF PROVIDER OR SUPPLIER **LAMPLIGHT AT SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **743 S. BENEVA ROAD** **SARASOTA, FL 34232**	

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

0000 Initial Comments

An unannounced complaint survey for CCR#'s 2015008199, 2015008583, 2015008694, 2015008112 and 2015009123 was conducted / through at Lamplight of Sarasota, an Assisted Living Facility in Sarasota, Florida. This survey was completed with a Follow-Up Survey to a Complaint Survey and the biennial survey.

The complaint CCR# 2015008199 contained 1 allegation, which was substantiated without deficiency. The deficiency was found un-corrected on the Follow-Up survey.

The complaint CCR# 2015008583 contained 2 allegation, of which 1 was substantiated without deficiency. The deficiency was found uncorrected on the Follow-Up survey.

The complaint CCR# 2015008694 contained 3 allegations, which were not substantiated.

The complaint CCR# 2015009123 contained 2 allegations; both were substantiated with one deficiency on this survey and one uncorrected on the Follow-Up survey.

The complaint CCR# 2015008112 contained 2 allegations, which were not substantiated

The following is a description of the Complaint survey deficiency:

0092 Food Service - General Responsibilities

Based on observation and staff interview the facility did not serve water to residents under sanitary conditions during the noon meal.

The findings included:

Observation on / at 12:45 p.m., revealed Staff R pouring water into residents' glasses. Staff R was observed to put his hand over the pitcher of water to prevent the ice from coming out of it. One resident asked for ice and Staff R was observed to guide ice into the resident's glass with his fingers.

On / at 11:35 a.m., the food director stated the pitchers have tops. The staff should not be using their hands to touch the ice.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015008199, 2015008694, 2015009123, 2015008583 & 2015008112

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 deficiency 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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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