

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968928	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 PROCTOR RD SARASOTA, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2017003189 and CCR #2017003829 was conducted on _____ at Harborchase of Sarasota, an assisted living facility (license #12753) located in Sarasota, Florida. CCR #2017003189 contained 5 allegations, 1 of which was substantiated with a deficiency. CCR #2017003829 contained 1 allegation, which was unsubstantiated. The following is a description of the deficiency. 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to ensure that staff who provide direct care to residents received in-service training within 30 days of employment that covers 1 hour in Recognizing and reporting resident _____, neglect and _____, for 2 (Staff E and H) of 10 staff reviewed. The findings included: 1. Record Review of Staff E's employee file revealed a hire date of _____ as an assisted living (AL) care partner. The employee file did not contain documentation of Staff E completing 1 hour of recognizing and reporting resident _____, neglect and _____ training. 2. Record Review of Staff H's employee file revealed a hire date of _____ as an AL care partner. The employee file did not contain documentation of Staff E completing 1 hour of recognizing and reporting resident _____, neglect and _____ training. 3. On _____ at 1:15 p.m., the Executive Director said Staff E and Staff H would be attending the training soon. Class III		