

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 05/16/2017
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 with limited nursing services was conducted through at Brookdale Deer Creek Sarasota, an Assisted Living Facility (license # 8556) located in Sarasota, Florida.

The following is a description of the deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to obtain a negative statement on an annual basis for 1 (Staff C) out of 4 sampled staff.

The findings included:

Record review for Health and Wellness Director (HWD) Staff C, hired , found a negative statement dated . There was no evidence of an annual screen for for 2017.

During an interview on at 2:00 p.m., the HWD said she did not go to the doctor yet. She said she was planning on going to the doctor as soon as possible.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to ensure minimum hourly requirements for training were met and appropriately documented for 1 (Staff C) of 4 staff reviewed.

The findings included:

Record review revealed Staff C was employed on as the Health and Wellness Director (HWD).

Review of Staff C's online training for "activities of daily living" and "resident behaviors" was completed on and showed only 60 minutes of training when 3 hours are required. Review found a 25 minute training covering "safe food handling" dated when an hour is required.

A 61 minute training addressing "elopement" was completed on . Staff C did not complete this requirement within 30 days of hire.

None of the training on record included the instructor's name, credentials, signature, agenda, or

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 05/16/2017
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)		
training location. During an interview on _____ at 1:00 p.m., the Executive Director acknowledged the training on file did not meet regulatory requirements. Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and staff interview, 1 (Staff C) of 4 staff records did not contain documentation of / . The findings included: Record review revealed Staff C was employed on _____ as the Health and Wellness Director. Further review found an _____ certificate dated _____ with "0" credit hours. Staff C did not complete any other / _____ training. In an interview on _____ at 1:00 p.m., the Executive Director confirmed the lack of the appropriate training. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and staff interview, the facility failed to assure that 1 (Staff C) out of 4 staff who assisted with self administration of medication completed the required 4 hour initial and 2 hour continuing assistance with self-administration of medication training. The findings included: Record review revealed Staff C was employed on _____ as Health and Wellness Director. Further review found a medication overview training that was completed on line on _____. This training was only for 30 minutes, not 4 hours as required. The training did not include the instructor's name and credentials, signature, license number, or training location.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 05/16/2017
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)		
There was no continuing education training on record. On at 1:00 p.m., the Executive Director acknowledged the training on file did not meet regulatory requirements. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and staff interview, the facility failed to obtain training within 30 days of employment for 1 (C) out of 4 staff sampled. The findings included: Record review for staff C (Health and Wellness Director, hired) found a training dated that was only for 40 minutes when a minimum of one hour is required. The training did not include the instructor's name and credentials, signature, agenda, or training location. On at 1:00 p.m., the Executive Director acknowledged the training on file did not meet regulatory requirements. Class III		