STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	07/13/2017
NAME OF PROVIDER OR SUPPLIER **PINES OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH ORANGE AVENUE** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted from through at Pines of Sarasota, an assisted living facility (license #7450), in Sarasota, FL.

The following is a description of the deficiencies.

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

Based on personnel records reviewed and staff interview, the facility failed to ensure that 2 (Staffs A and B) of 4 staffs had communicable statements from a health care provider.

The findings included:

1. A review of certified nursing assistants Staffs A and Bs' health statements showed a registered nurse signed these statements diagnosing the staff were free from signs and symptoms of communicable . These statements were signed on and , respectively.

2. On at 2:00 p.m., the administrator reviewed these two personnel records and confirmed these statements were not signed by a health care provider.

Class III

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

Based on personnel records reviewed and staff interview, the facility did not train 3 (Staffs A, B and C) of 4 staffs reviewed in elopement response within 30 days of their employment.

The findings included:

1. A review of Staffs A, B and Cs' personnel records showed they were hired on , and , respectively. A review of their personnel records showed there was no documentation showing these three staff had training in the facility's elopement response.

2. On at 3:00 p.m., the administrator reviewed these three staff files and confirmed this training was not in their files.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	**07/13/2017**
NAME OF PROVIDER OR SUPPLIER **PINES OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH ORANGE AVENUE** **SARASOTA, FL 34236**	

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

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel records reviewed and staff interview, the facility did not train 3 (Staffs A, B and C) of 4 staffs reviewed on the policy for within 30 days of their employment.

The findings included:

1. A review of personnel records showed Staffs A, B and C were hired on , and , respectively. There was no documentation showing these three staff had training on the facility's policy.

2. On at 3:00 p.m., the administrator reviewed these three staff files and confirmed this training was not in their files.

Class III