| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969036** | **10/10/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE SHERIDAN AT LAKEWOOD RANCH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11705 EVENING WALK DR**<br>**BRADENTON, FL 34211** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on in conjunction with complaint surveys, CCR# 2017010065, CCR# 2017010538, CCR# 2017009583 & CCR# 2017008728. Deficient practice was identified during the visit.

(License # 12858)

**N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC**

Based on records review and interview, the facility failed to employ or contract with a qualified nurse to be available to provide Limited Nursing Services (LNS).

Findings included:

A review of the facility's LNS records at 11:00am on revealed that there was no documentation of a qualified nurse designated to provide LNS services. The Director of Health and Wellness was interviewed at 11:30am and was not able to provide any information about whether or not the facility had a qualified nurse to provide LNS services.

At 1:00pm, the Administrator stated the facility currently did not have a qualified nurse to provide LNS services, but that they were going to be contracting with someone soon.

Class III