STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**11/04/2017**
NAME OF PROVIDER OR SUPPLIER **THE SHERIDAN AT LAKEWOOD RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **11705 EVENING WALK DR** **BRADENTON, FL 34211**	

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

0000 - Initial Comments

Assisted Living Facility

Two complaint surveys, (CCR# 2017011035 & CCR# 2017010224), were conducted at The Sheridan at Lakewood Ranch Assisted Living Facility on 11/ . The facility had a deficiency at the time of the visit.

(License # 12858)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview, observation, and record review the facility failed to honor the rights of residents as it relates to responding to call lights in a timely manner for 3 of 3 sampled residents. The facility failed to follow their own policies regarding the timeliness of response.

Findings included:

In a record review the facility provided call log documentation for Resident #1, #6, and #9 that revealed the that the facility failed to answer/respond to resident call lights on , , , and 11/1, with response times ranging from 68 minutes to 377 minutes during the evening shift.

In an interview with the administrator, she stated that the facility has a policy and procedure that staff must adhere to in regard to answering call lights. In an interview with the administrator she confirmed that the times reported on the call log were unacceptable and confirmed that this appeared to be a pattern during the overnight shift.

Class III