STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910522	**01/02/2018**
NAME OF PROVIDER OR SUPPLIER **SLC OF SORRENTO, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **336 MONET DRIVE** **NOKOMIS, FL 34275**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at SLC Sorrento, an assisted living facility (license #7538) in Nokomis, Florida.

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

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on staff interview and record review, the facility failed to ensure residents met continued residency requirements as indicated by the examination from the health care provider that the residents' needs can be met in an assisted living facility for 1 (Resident #1) of 2 resident records reviewed.

The findings included:

Resident #1's Health Assessment Form 1823 (1823), dated , indicated 'No' in the section asking if resident's needs can be met in an assisted living facility.

During an interview on at 8:00 a.m., the Administrator said she had not noticed that and would contact the provider.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on staff interview and record review, the facility failed to ensure a staff member who has completed a course in First Aid is in the facility at all times for 1 (Staff A) of 3 employee records reviewed.

The findings included:

Record review showed Staff A was hired as a caregiver on . Staff A's file revealed no documentation of attending a First Aid course.

During an interview on at 2 p.m., the Administrator said Staff A had attended a ( ) course and was surprised First Aid had not been included. The Administrator said Staff A is left in the facility alone with residents at times.

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Class III