STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911637	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **LAKEHOUSE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3435 FOX RUN ROAD** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on at Lakehouse West, an assisted living facility (license number #5850) in Sarasota, Florida.

The following is description of the deficiency.

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

Based on record review and staff interview, the facility failed to ensure a written statement of freedom from communicable signed by a medical provider was documented in the employee record for 5 (Staff A, B, C, D, and E) of 5 staff sampled. This has the potential to expose residents, staff, and visitors to communicable .

The findings included:

On , record review of Staff A, B, and C revealed no evidence a written statement of freedom from communicable signed by a medical provider was documented in the respective employee records. Expansion of the sample to include Staff D and E also revealed no evidence a written statement of freedom from communicable was documented in their employee records.

During an interview on at 12:21 p.m., the facility Director of Nursing confirmed the absence of the written freedom from communicable statements in the employee records for Staff A, B, C, D, and E. She stated, "I feel like we just lost track of the need for the statement."

Class III