

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 04/25/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE DEER CREEK SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 8450 MCINTOSH ROAD SARASOTA, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Service (LNS) survey was conducted on _____ at Brookdale Deer Creek Sarasota, an assisted living facility (license # 5856) in Sarasota, Florida. The following is a description of the deficiencies. 0083 - Training - First Aid and _____ - 58A-5.0191(4) FAC Based on a staff interview and staff employee files review, the facility failed to ensure that they had facility staff in the facility with a valid _____ (_____) card at all times. The findings include: On _____, a review of Staff B's employee file revealed they were hired _____. There is no documentation Staff B has a valid _____ card. On _____, a review of Staff D's employee file revealed they were hired _____. There is no documentation Staff D has a valid _____ card. Review of the _____ 2018 staff schedule revealed Staff B and Staff D were the only staff in the facility on _____ and _____ working the night shift from 11:00 p.m. to 7:00 a.m. The facility did not have any staff in the facility with a valid _____ on the night shift for 8 out of 24 in _____, 2018. On _____ at 12:10 p.m., during an interview with the Executive Director (ED), he confirmed Staff B and D's hire date and that there is no documentation in their employee files that they had valid _____ cards. She further said Staff B and Staff D were the only facility staff in the facility on the night shift on _____ and _____. She confirmed the facility did not have any facility staff with a valid _____ card for 8 out of 24 days for _____, 2018 working on the night shift from 11:00 p.m. to 7:00 a.m. Class III		