STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**03/15/2018**
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

A Biennial licensure survey with Limited Nursing Services (LNS) was conducted on . . . . , in conjunction with a Complaint investigation (CCR# 2018001125).

The Sheridan at Lakewood Ranch, Assisted Living Facility (License #12858), had deficiencies at the time of this visit.

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

Based on record review and staff interview, the facility failed to provide a Communicable . . . . . Statement for 2 (Staff A, C) and an Annual Freedom from Statement for 1 (Staff C) of the 3 staff files reviewed.

The findings included:

On . . . . . , a review of 3 staff personnel files revealed there was no Communicable . . . . . Statement in Staff A or Staff C's personnel file and no Annual Freedom from Statement in Staff C's personnel file.

At the exit conference on . . . . . at 4:30 p.m., the Director of Nursing confirmed the certificates were not in the staff files.

CLASS III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to provide all required training certificates for 3 (Staff A, B, C) of 3 staff personnel files reviewed.
The findings included:

On . . . . . , a review of 3 staff personnel files revealed there was no . . . . . Control training certificate, no Assistance with Activities of Daily Living and Behavioral Needs training certificate, no Emergency Preparedness and Evacuation training certificate, no Resident Rights training certificate, no Incident Reporting training certificate, no Recognignizing/Reporting , Neglect, and , training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**03/15/2018**
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)

certificate, and no Nutritional and Safe Food Handling training certificate in Staff A, Staff B, or Staff C's personnel file.

A review of the 3 personnel files revealed there was no Elopement Response training certificate in Staff A or Staff B's personnel file.

At the exit conference on at 4:30 p.m., the Director of Nursing confirmed the certificates were not in the files.

CLASS III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and staff interview, the facility failed to provide all required training certificates for 3 (Staff A, B, C) of 3 staff personnel files reviewed.

The findings included:

On , a review of 3 staff personnel files, for Staff A, Staff B, and Staff C, revealed there was no (/) training certificate in their staff files.

At the exit conference on at 4:30 p.m., the Director of Nursing confirmed the certificates were not in the staff files.

CLASS III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and staff interview, the facility failed to provide all required training certificates for 3 (Staff A, B, C) of 3 staff personnel files reviewed.

The findings included:

This Assisted Living Facility maintains a secure memory care unit.

On , a review of 3 staff personnel files (Staff A, Staff B, Staff C) revealed there was no

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**03/15/2018**
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)

and Related Level 1 or Level 2 training certificate in their staff files.

At the exit conference on at 4:30 p.m., the Director of Nursing confirmed the certificates were not in the staff files.

CLASS III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to provide all required training certificates for 2 (Staff A, B) of 3 staff personnel files reviewed.

The findings included:

On , a review of 3 staff personnel files revealed there was no documentation of ( ) Training in Staff A or B's personnel files.

At the exit conference on at 4:30 p.m., the Director of Nursing confirmed the certificate was not in either staff file.

CLASS III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview the facility failed to ensure all required documents were found in the personnel file for 1 (Staff A) of 3 personnel files reviewed.

The findings included:

On , a review of 3 staff personnel files revealed there was no employment application and no copy of the job description in Staff A's file.

At the exit conference on at 4:30 p.m., the Director of Nursing confirmed the items were not in the employee's file.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969036	**03/15/2018**
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)