

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969089	(X3) DATE SURVEY COMPLETED 10/19/2018
NAME OF PROVIDER OR SUPPLIER THE SHERIDAN AT COOPER CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2580 PINE ISLAND RD COOPER CITY, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on 10/19/2018 at The Sheridan at Cooper City (license #12932). The facility had deficiencies identified at the time of the survey. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, it was determined the facility failed to ensure all staff members had documentation of freedom from communicable diseases () on an annual basis, for 1 out of 3 sampled staff members. The findings include: Review of the file for Staff C (hire date:) revealed no documentation from a licensed healthcare provider stating that Staff C is free of communicable diseases and . During an interview with the Director of Operations and the Interim Director on 10/19/2018 at 3:00 pm, the opportunity was given to locate the communicable diseases statement and no documentation was provided. The findings were acknowledged and discussed by both staff members, no further information was provided for review. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC Based on record review and interview, it was determined that the facility failed to ensure all direct care staff had received the required in-service trainings within 30 days of hire, for 1 out of 3 staff files reviewed (Staff C) The findings include: Review of the file for Staff C (hire date:) revealed that Staff C is missing the following required in-service trainings:		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969089	(X3) DATE SURVEY COMPLETED 10/19/2018
NAME OF PROVIDER OR SUPPLIER THE SHERIDAN AT COOPER CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2580 PINE ISLAND RD COOPER CITY, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
a) control training- b) Emergency preparedness & Evacuation training Recognizing c) Reporting , Neglect & training- d) Incident reporting training- e) Resident rights training- f) Policies & Procedures training- g) Nutritional & Safe Food Handling- h) Training Level I- During an interview with the Director of Operations and the Interim Director on at 3:00 pm, the opportunity was given to locate the missing trainings and no additional documentation was provided. Both staff acknowledged the missing trainings, no further information was provided for review. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, record review and interview, the facility failed to have a 3-day supply of nonperishable food based on the number of weekly meals in the event of an emergency. The findings included: Review of the approved 3-day emergency food menu on with the Director of Food service and Dining (DFSD) revealed that the facility has a one week emergency menu approved by the licensed dietician for 7 days total. Review of the items stored by the facility in the storage inconsistent meals based on the meals listed on the weekly menu and the food items the facility had in storage. Upon reviewing the menu with the DFSD it was unclear which meals the facility was going to use for their 3-day emergency menu, making it difficult to determine which food items the facility was insufficient in storing based on the facility's census of 113 residents. Further review of the stored canned and dry foods stored away for common meals frequently listed revealed that the facility was insufficient with the following items based on the approved emergency menu. a) Granola Bars- none observed. b) Powdered milk- missing 33 five pound bags.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969089	(X3) DATE SURVEY COMPLETED 10/19/2018
NAME OF PROVIDER OR SUPPLIER THE SHERIDAN AT COOPER CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2580 PINE ISLAND RD COOPER CITY, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
c) Beef Ravioli- missing 6 cans. d) No graham crackers observed e) No peanut butter observed f) No green peas observed g) No canned fruit observed h) No bread observed i) No crackers observed j) No beans of any kind observed k) No beets observed l) No sugar cookies observed m) No sugar free items for those that require therapeutic diets were observed. During an interview with the DFSD on ... at 12:20 pm, the DFSD acknowledged that he knew items were missing from the facility's emergency food storage and that he had to order more, and stated some items can be taken from food items in the kitchen. During an interview with the Director of Operations (DO) and the Interim Director (ID) at 3:00 PM on ... , it was revealed that an order was put in for more emergency food and that it should be arriving soon. During this time, the findings were discussed and acknowledged by all participating management staff, no further information was provided for review. Class		