

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911216	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE SARASOTA MIDTOWN

**2196 BAHIA VISTA STREET
SARASOTA, FL 34239**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced abbreviated biennial, emergency power plan, and limited nursing services monitoring survey was conducted on at Brookdale Sarasota Midtown, an assisted living facility in Sarasota, Florida. The following is a description of the deficiency.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER BROOKDALE SARASOTA MIDTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 2186 BAHIA VISTA STREET SARASOTA, FL 34239		
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A 078	Continued From page 1 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility that provides services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure employee files contain a written statement signed by a health care provider documenting the individual is free from	A 078			

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A 078	Continued From page 2 signs/symptoms of communicable annually for 3 (Staff A, Staff C, and Staff D) of 3 employee records reviewed. The findings included: Staff A's employee file revealed a hire date of as a caregiver. Staff A's file contained a negative test administered on and read on Staff A's file contained no documentation from a health care provider indicating Staff A was free of signs and symptoms of communicable, and no further evidence of free from communicable statement annually thereafter. Staff C's employee file revealed a hire date of as a licensed practical nurse. Staff C's file contained a negative test administered on and read on Staff C's file contained no documentation from a health care provider indicating Staff C was free of signs and symptoms of communicable, and no further evidence of free from communicable statement annually thereafter. Staff D's employee file revealed a hire date of as executive director. Staff D's file contained a negative test administered on and read on Staff D's file contained no documentation from a health care provider indicating Staff D was free of signs and symptoms of communicable, and no further evidence of free from communicable statement annually thereafter. On at 2:25 p.m., the Executive Director stated she will change the facility process for staff	A 078		

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A 078	Continued From page 3 obtaining the free from communicable statement and have it done by the facility's nurse practitioner. Class III	A 078		