

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910533	(X3) DATE SURVEY COMPLETED 10/02/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Sarasota	STREET ADDRESS, CITY, STATE, ZIP CODE 5501 Swift Road Sarasota, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-10/02/2014
 0028-Resident Care - Activities Of Daily Living-10/02/2014
 0030-Resident Care - Rights & Facility Procedures-10/02/2014
 0052-Medication - Assistance With Self-Admin-10/02/2014
 0076-Do Not Resuscitate Orders (dnros)-10/02/2014
 0079-Staffing Standards - Levels-10/02/2014
 0081-Training - Staff In-Service-10/02/2014
 0082-Training - Hiv/aids-10/02/2014
 0083-Training - First Aid And Cpr-10/02/2014
 0086-Training - Adrd-10/02/2014
 0090-Training - Do Not Resuscitate Orders-10/02/2014
 0091-Training - Documentation & Monitoring-10/02/2014
 0093-Food Service - Dietary Standards-10/02/2014
 0151-Physical Plant - Existing Facilities-10/02/2014

An unannounced follow-up to a Biennial survey was completed on 10/02/14 at Emeritus at Sarasota, an Assisted Living Facility (ALF) in Sarasota, Florida. All previously cited deficiencies were found to be corrected. At the time of the survey no deficiencies were identified.

025-Resident Care - Supervision 58A-5.0182(1) FAC
 0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC
 0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
 0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
 0076-Do Not Resuscitate Orders (DNROs) 58A-5.0186 FAC
 0079-Staffing Standards - Levels 58A-5.019(3) FAC
 0081-Training - Staff In-Service 58A-5.0191(2) FAC
 0082-Training - HIV/AIDS 58A-5.0191(3) FAC
 0083-Training - First Aid and CPR 58A-5.0191(4) FAC
 0086-Training - ADRD 58A-5.0191(9) FAC
 0090-Training - Do Not Resuscitate Orders 58A-5.0191(11) FAC
 0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
 0093-Food Service - Dietary Standards 58A-5.020(2) FAC
 0151-Physical Plant - Existing Facilities 58A-5.023(2) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

October 7, 2014

Administrator
Emeritus At Sarasota
5501 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 2, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

