STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	R 08/23/2017
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 PROCTOR RD** **SARASOTA, FL 34233**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit survey was conducted from through at Harborchase, an assisted living facility, (license # 12753), in Sarasota, FL.

This was a follow-up to the complaint #2017-003189, 2017-003829 survey completed on .

The following is a description of the deficiency found at the time of this visit.

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

Based on two of four personnel records reviewed and staff interview, the facility failed to ensure Staff K and L had the required training within 30 days of hire.

The findings included:

1. A review of Staff K's personnel record showed she was hired on . There was no documentation showing she had the training in nutrition and safe food handling, resident rights, activities of daily living and behavioral needs, and control.

2. A review of Staff L's personnel record showed he was hired on . There was no documentation showing he had training in incident reporting, emergency preparedness and evacuation policy and procedures, and elopement policy and procedures.

3. On at 10:30 a.m., the business office manager reviewed these two files and confirmed these training's were missing for each staff.

Class III