STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953679	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **7130 BENEVA ROAD** **SARASOTA, FL 34238**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted through at Savannah Grand Of Sarasota, an assisted living facility (license #8636) in Sarasota, Florida.

The following is description of the deficiency.

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

Based on record review and staff interview, the facility failed to provide evidence of an annual ( ) screen for 4 (Staff A, B, C, and D) of 4 staff records sampled and evidence of a written statement from a healthcare provider documenting freedom from communicable for 2 staff (Staff B, and C). This has the potential for transmission of communicable .

The findings included:

On , record review of Staff A, revealed a date of hire of and the last screen was completed on .

On , record review of Staff B revealed a date of hire of and no evidence of any screen or a written statement from a healthcare provider of freedom from communicable .

On , record review of Staff C revealed a date of hire of and the last screen was completed on . There was evidence of a Physician's Statement of Satisfactory Health form, but the form was neither signed by the healthcare provider or dated.

On , record review of Staff D revealed a date of hire of and the last screen was completed on .

On at 8:35 a.m., the facility Executive Director confirmed the absence of current screens for Staff A, B, C, and D and the absence of a written statement of freedom from communicable from a healthcare provider for Staff B, C, and D.

Class III