

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911216	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE SARASOTA MIDTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 2186 BAHIA VISTA STREET SARASOTA, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced reoccupation, initial limited nursing services and capacity increase survey was conducted on _____ at Brookdale Sarasota Midtown, an assisted living facility (license #7099) in Sarasota, Florida. The 3rd floor was found to be approved for reoccupation. The facility is currently licensed for a census of 100. The facility is approved for an increase to 120. A deficiency was identified in relation to the application for an initial limited nursing services licensure . 0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS Based on record review and interview the facility failed to update their resident agreement to include required language related to the provision of care and the cost for limited nursing services (LNS). The facility also failed to provide a written 30 day notice of a rate increase for personal service for 3 (Residents #1, #2, and #3) of 3 resident records reviewed. Findings include: A review of the facility's intended agreement to be used once they receive a LNS license, found no reference as to nursing services that will be provided and the cost of those services. The facility's resident agreement says the facility will provide a 30 day written notice prior to an increase in resident's personal service cost. These costs are noted in Exhibit Z. On _____ at 11:30 a.m., the administrator said Exhibit X, Y and Z are given to residents upon admission. Exhibit Y lists costs for some nursing services. It does not list all nursing services to be provided. The contract does not address the LNS services to be provided by the facility under a LNS license. Admission record review for Resident #1, admitted on _____, found no copy of Exhibit Z. Admission record review for Resident #2, admitted on _____, found no copy of Exhibit Z. Admission record review for Resident #3, admitted on _____, found no copy of Exhibit Z. Billing Record review for Resident #4's personal service cost was \$337.00 _____ 1 - 31, 2017. _____ 1 - 31, 2018 the personal service cost was \$354.00. The record did not have a 30 day notice of		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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rate increase. Billing Record review for Resident #5's personal service cost was \$318.00 on 6/1 - 31, 2018. On 6/1 - 30, 2018 the personal service cost was \$442.00. The record did not have a 30 day notice of rate increase. Billing Record review for Resident #6's personal service cost was \$337.00 on 6/1 - 31, 2017. On 6/1 - 31, 2018 the personal service cost was \$354.00. The record did not have a 30 day notice of rate increase. On 6/21 at 12:30 p.m., the administrator said the resident agreement does say the facility will provide a 30 written notice prior to increases in the resident's personal service cost. He said the facility does not provide a 30 day written notice to residents when their personal service cost increases. Class III		