Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966301	A. BUILDING: _____ B. WING _____	C 11/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUN COAST RETREAT	8151 TREELET COURT NEW PORT RICHEY, FL 34653

(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 A complaint investigation (complaint numbers: 2023014668 and 2023014861) and a generator monitoring were conducted at Suncoast Retreat on . Deficiencies were identified at the time of survey.	A 000		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staff on each shift with training in ( ) for two employees (Staff E and Staff G) of four sampled employees.	A 083		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 Findings Included: An employee record review for Staff E, conducted on , revealed that Staff E's training certificate expired . Staff E was hired . An employee record review for Staff G, conducted on , revealed that Staff G's training certificate dated was obtained online and did not include a performance demonstration. Staff G was hired . A review of the staffing schedule, conducted on , revealed thatSstaff E worked with Staff G on and during the 11:00pm through 06:00am shift. There were no other employees scheduled on those dates. During an interview with the Assistant Administrator, conducted on at 02:45pm, the Assistant Administrator, reviewed Staff E's training certificate and agreed that it had expired. The Assistant Administrator reviewed the training certificate for Staff G and agreed that the training was obtained online and did not include a performance demonstration. The Administrator agreed that there were no other employees on duty for the 11:00pm through 06:00am shift on and . Class III	A 083		

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