

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VILLAS AT SUNSET BAY		STREET ADDRESS, CITY, STATE, ZIP CODE 7423 KAUAI LOOP 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 Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on _____ in conjunction with a revisit to CCR# 2012003938 of _____, see (Aspen Event 9RYR12) and CCR# 2012007315, see (Aspen Event 6FNV11). The Villas at Sunset Bay assisted living facility had deficiencies found at the time of the visit.	A 000		
A 007	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least _____ (b) Be free from signs and symptoms of any communicable _____ which is likely to be transmitted to other residents or staff; however, a person who has _____ may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such	A 007		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

8880

1V9H11

If continuation sheet 1 of 7

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A 007	Continued From page 1 assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any _____ or 4 pressure sores. A resident requiring care of a _____ pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition _____ to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, _____, or _____ suctioning; 2. Assistance with tube feeding;	A 007		

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A 007	Continued From page 2 3. Monitoring of _____ gases; 4. Intermittent positive pressure breathing _____, or 5. Treatment of surgical _____ or wounds, unless the surgical _____ or _____ and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not follow admission criteria for one of six sampled residents (#3) who reside in the facility. Failure to follow admission criteria guidelines for residents who reside in an Assisted Living Facility could result in inadequate care due to the inability of the facility to meet the residents' needs for	A 007		

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A 007	Continued From page 3 care and services. Findings include: A record review on _____ of Resident #3's medical record revealed the resident was admitted to the facility on ____ / ____ / ____ . His health assessment dated _____ stated the following diagnosis: A-Fib without RVR, retention, squamous cell _____ of _____, and _____ tube placement. The health assessment also stated the resident needed assistance with _____ tube feedings. Other notes revealed the _____ tube had been placed in 1994. The resident should have never been placed at the facility because he did not meet the admission criteria which states a resident can not be admitted to the facility if the resident needs assistance with _____ tube feedings. The acting director of nursing stated on _____ at 2:00 p.m. that she thought that as long as he was admitted to the extended congregate care program upon admission, he could be admitted to the facility. Class III	A 007			
A 090	58A-5.0191(11) FAC Training - Do Not _____ Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding _____ within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers,	A 090			

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A 090	Continued From page 4 direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding _____ within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not provide at least one hour of training on the facility's policies and procedures regarding _____ within 30 days after employment for three of three sampled direct care staff, (#A, #B & #C). Findings include: A personnel record review on _____ of staff #A hired _____, staff #B hired _____ and staff #C hired _____ revealed all of the staff had not been given any training in the facility's policies and procedures regarding _____ within 30 days after employment. When staff #1 was interviewed on _____ at 10:45 a.m. she stated she knew what to do in case a resident had a _____ but she had not been formally trained by the facility on their policy and procedures. Class III Widespread	A 090		
AE210	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency	AE210		

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AE210	Continued From page 5 Test. (7) EXTENDED CONGREGATE CARE TRAINING. (a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility's receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to 1998, shall not be required to take the assisted living facility core training competency test. (b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related (c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.	AE210			

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AE210	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide two (2) hours of extended congregate care (ECC) training for 2 (#A & #C) of 3 sampled direct care staff who provide care to residents in an ECC program. The training must be done within six (6) months of employment at the facility. Findings include: A record review on _____ of the personnel file for Staff #A revealed she was hired on _____. There was no documentation found in the file stating Staff #A had the two (2) hours of ECC training within six (6) months of employment. A record review on _____ of the personnel file for Staff #C revealed she was hired on _____. There was no documentation found in the file stating Staff #B had the two (2) hours of ECC training within six (6) months of employment. When interviewed on _____ at 1:30 p.m., the acting director of nursing stated the documentation was not in the files because the staff had not been ECC trained. Class III Widespread	AE210		

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Villas at Sunset Bay
7423 Kauai Loop
New Port Richey, FL 34653

Dear Administrator:

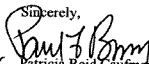
Re: Revisit & ECC Monitoring Visit

This letter reports the findings of a state survey revisit and an extended congregate care (ECC) monitoring visit that were conducted on . 30, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit relative to the ECC monitoring visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Form 3020 & Revisit Report

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