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
	AL11964518	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE MEADOWS	1809 18TH STREET SARASOTA, FL 34234

(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 These are the results of an unannounced Complaint survey CCR #2012010957, conducted on 10/1(Sunshine Meadows, an Assisted Living Facility (ALF), in Sarasota, Florida. The complaint contained 1 allegation that was substantiated at the time of the survey. Deficiencies were cited as follows:	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 2-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.	A 030		

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A 030	Continued From page 1	A 030		

(d) The statewide toll-free telephone number of the Florida ..... Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ..... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order

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A 030	Continued From page 2	A 030		

biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical [illegible]

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s

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representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the

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A 030	Continued From page 4 residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on facility record review, observations, and staff interview, the facility failed to ensure each resident's rights to be able to live in a safe and decent living environment for 5 (Residents #2, #3, #4, #5, and #6) of 8 residents . . . . inspected. This is evidenced by the facility's failure to ensure that proper measures were in place to prevent the continual problem and the presence of bed bugs at the facility. The findings include: 1. Facility record review revealed that (Name of Exterminator Company) was at the facility on . . . at 10:10 a.m., for Resident #2 which stated Inspected, retreated . . . . . Re-inspected . . . . . No activity noted at time of service. 2. Review of billing invoice dated . . . . : 12:42 p.m., (Resident #4 and Resident #8) Inspected . . . . . Noted bed bug activity. Set up treatment for . . : and also . . . . : at later date. 3. Review of billing invoice dated . . . at 1:15 p.m., . . . (Resident #4 and Resident #8) Inspected treated throughout . . . . . for bed bugs. Will follow-up on . . . : and service . . . . 291 for bed bugs.	A 030		

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A 030	Continued From page 5	A 030		

4. Review of billing invoice dated . . . 1:35 p.m., (Resident #4 and Resident #8) Re-inspected, retreated . . . No activity noted.

5. Review of billing invoice dated . . . 11:02 a.m., (Resident #8) Inspected, treated throughout . . . . . for bed bug activity.

6. Review of billing invoice dated . . . 10:05 a.m., (Resident #8) Inspected . . . . . Follow-up. No activity noted at time of service.

7. Review of (Name of Exterminator Company) Agreement dated . . . . . under other special service program: bed bugs. Inspected treated . . . . . throughout the bed bug activity. Follow up by . . . .

8. Review of billing invoice dated . . . . . 3:40 p.m., (Resident #8) Inspected . . . . for bed bugs. Activity noted. Scheduled service for Tuesday . .

9. Review of billing invoice dated . . . . 3:01 p.m., (Resident #8) Inspected treated throughout . . . . . for bed bug activity. Follow-up by . . . .

10. Review of billing invoice dated . . . 10:55 p.m., (Resident #8) Inspected . . . . . Retreated couch and recliner. No activity noted at time of the inspection.

11. Observation made on . . . . . in the presence of the exterminator technician and the Executive Director revealed the following:

a. . . . . at 11:49 a.m., there was 1 live adult bed bug noted to be crawling near the top

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mattress near the head board after the mattress was turned over and inspected for presences of bed bugs.

b. [redacted] at 12:03 p.m., there was 1 live adult bed bug noted to be crawling in the resident's brown lazy boy recliner when the recliner was opened and inspected for presences of bed bugs.

c. [redacted] at 12:20 p.m., there was 1 live adult bed bug noted to be between the post of the bed and the headboard crevice. Further observation also revealed bed bug track marks on the back of the head board on the right side of the head board.

d. Observation made on [redacted] at 11:54 a.m., Resident #1 [redacted] revealed 3 [redacted] bed bug carcasses.

e. Observation made on [redacted] at 12:33 p.m. of Residents #7 and #8 [redacted] 1 [redacted] bed bug carcass on lazy boy chair.

12. Interview conducted on [redacted] at 10:10 a.m., with the Executive Director revealed there were two incidents with residents with beg bugs. According to her the residents were admitted from an independent apartment [redacted] that is affiliated with the Assisted Living Facility.

Resident #8 moved into the facility before his spouse (Resident #7) and brought in a chair from their apartment. Resident #8 moved into [redacted] with Resident #4 and the [redacted] to be treated due to bed bugs. When Resident #7 was admitted she brought her furniture. When this happened both [redacted] and 291 had to treated due to presence of bed bugs.

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Resident #2 was also admitted from the same independent apartment and was Resident #7's neighbor. When Resident #2 was admitted to the facility there was evidence of bed bugs with her belongings. The [illegible] to be treated. All items were bagged up and all furniture was inspected and if there was evidence the furniture was disposed of. She also indicated that Resident #4 and Resident #8 were moved to separate [illegible] for 2 days while their [illegible] being treated for bed bugs. The facility replaced both recliners for Residents #4 and #7.

13. Interview conducted on [illegible] at 11:06 a.m., with the exterminator company technician revealed they have been treating different [illegible] at the facility due to bed bug activity. The exterminator stated bed bugs have to be brought in, they do not come from outside. It required some investigation.

In one [illegible] male liked to get shoes and furniture from the (name of thrift shop). In [illegible], when Resident #7 was admitted to the facility, her apartment had to be treated before she moved in due to bed bug activity. She would bring things back from the apartment to the facility. In the technicians best estimation the issue was at the apartments and it was brought to the facility. He was told that the apartment she was living in previously had been treated for bed bug activity. She was 90% moved out of apartment and had some furniture and clothing over there. He noted bed bug activity and had to treat the apartment again. He stated because she was moving over here he treated [illegible]. It was difficult due to her having Sunday clothing that needed to be dry cleaned in her closet. In his opinion he believes this was a problem when had

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A 030	Continued From page 8 to come back on . . . (follow-up) that was originally treated on . . . There was no activity noted on the follow-up on . . However, if furniture is . . it should dispose of but if not an option then they would treat the furniture. Most activity was in Resident #8's lazy boy recliner. The recliner never went up to . . when the resident was moved. In reference to Resident #2 in . . , prior to the visit on . . , he did treat the . . . . . bed bug service (don't know names) of 2 gentlemen. It may be friends that picks things up from (name of thrift shop) and gives things. Class III Correction Date:	A 030		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident . . sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging	A 152		

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A 152	Continued From page 9 clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on facility record review, observations, and staff interview, the facility failed to ensure each resident's rights to be able to live in a safe and decent living environment for 5 (Residents #2, #3, #4, #5, and #6) of 8 residents . . . inspected. This is evidenced by the facility's failure to ensure that proper measures were in place to prevent the continual problem and the presence of bed bugs at the facility. The findings include: 1. Facility record review revealed that (Name of Exterminator Company) was at the facility on . at 10:10 a.m., for Resident #2 which stated Inspected, retreated . . . Re-inspected . . . No activity noted at time of service.	A 152		

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A 152	Continued From page 10 2. Review of billing invoice dated 12:42 p.m., (Resident #4 and Resident #8) Inspected Noted bed bug activity. Set up treatment for and also at later date. 3. Review of billing invoice dated at 1:15 p.m., (Resident #4 and Resident #8) Inspected treated throughout for bed bugs. Will follow-up on and service for bed bugs. 4. Review of billing invoice dated 1:35 p.m., (Resident #4 and Resident #8) Re-inspected, retreated No activity noted. 5. Review of billing invoice dated 11:02 a.m., (Resident #8) Inspected, treated throughout for bed bug activity. 6. Review of billing invoice dated 10:05 a.m., (Resident #8) Inspected Follow-up. No activity noted at time of service. 7. Review of (Name of Exterminator Company) Agreement dated under other special service program; bed bugs. Inspected treated throughout the bed bug activity. Follow up by 8. Review of billing invoice dated 3:40 p.m., (Resident #8) Inspected for bed bugs. Activity noted. Scheduled service for Tuesday 9. Review of billing invoice dated 3:01 p.m., (Resident #8) Inspected treated throughout for bed bug activity. Follow-up by	A 152		

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10. Review of billing invoice dated : 10:55 p.m., (Resident #8) Inspected Retreated couch and recliner. No activity noted at time of the inspection.

11. Observation made on : in the presence of the exterminator technician and the Executive Director revealed the following:

a. at 11:49 a.m., there was 1 live adult bed bug noted to be crawling near the top mattress near the head board after the mattress was turned over and inspected for presences of bed bugs.

b. B at 12:03 p.m., there was 1 live adult bed bug noted to be crawling in the resident's brown lazy boy recliner when the recliner was opened and inspected for presences of bed bugs.

c. at 12:20 p.m., there was 1 live adult bed bug noted to be between the post of the bed and the headboard crevice. Further observation also revealed bed bug track marks on the back of the head board on the right side of the head board.

d. Observation made on at 11:54 a.m., Resident #1 revealed 3 bed bug carcasses.

e. Observation made on : at 12:33 p.m. of Residents #7 and #8 1 bed bug carcass on lazy boy chair.

12. Interview conducted on : at 10:10 a.m., with the Executive Director revealed there were two incidents with residents with beg bugs.

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According to her the residents were admitted from an independent apartment that is affiliated with the Assisted Living Facility.

Resident #8 moved into the facility before his spouse (Resident #7) and brought in a chair from their apartment. Resident #8 moved into 71 with Resident #4 and the to be treated due to bed bugs. When Resident #7 was admitted she brought her furniture. When this happened both and 291 had to treated due to presence of bed bugs.

Resident #2 was also admitted from the same independent apartment and was Resident #7's neighbor. When Resident #2 was admitted to the facility there was evidence of bed bugs with her belongings. The to be treated. All items were bagged up and all furniture was inspected and if there was evidence the furniture was disposed of. She also indicated that Resident #4 and Resident #8 were moved to separate for 2 days while their being treated for bed bugs. The facility replaced both recliners for Residents #4 and #7.

13. Interview conducted on at 11:06 a.m., with the exterminator company technician revealed they have been treating different at the facility due to bed bug activity. The exterminator stated bed bugs have to be brought in, they do not come from outside. It required some investigation.

In one male liked to get shoes and furniture from the (name of thrift shop). In when Resident #7 was admitted to the facility, her apartment had to be treated before she moved in due to bed bug activity. She would bring things back from the apartment to the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE MEADOWS	1809 18TH STREET SARASOTA, FL 34234

(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
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facility. In the technicians best estimation the issue was at the apartments and it was brought to the facility. He was told that the apartment she was living in previously had been treated for bed bug activity. She was 90% moved out of apartment and had some furniture and clothing over there. He noted bed bug activity and had to treat the apartment again. He stated because she was moving over here he treated . It was difficult due to her having Sunday clothing that needed to be dry cleaned in her closet. In his opinion he believes this was a problem when had to come back on (follow-up) that was originally treated on . There was no activity noted on the follow-up on . However, if furniture is , it should dispose of but if not an option then they would treat the furniture. Most activity was in Resident #8's lazy boy recliner. The recliner never went up to when the resident was moved. In reference to Resident #2 in , prior to the visit on , he did treat the bed bug service (don't know names) of 2 gentlemen. It may be friends that picks things up from (name of thrift shop) and gives things.

Class III
Correction Date:

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, Florida 34234

Dear Administrator:

Re: CCR #2012010957

This letter reports the findings of a complaint survey that was conducted on , 2012 by representative(s) 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. 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 after , 2012 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(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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