

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER SUN TOWERS RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 101 TRINITY LAKES DRIVE SUN CITY CENTER, FL 33573		
(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 A complaint survey, CCR# 2013004571, was conducted in conjunction with an extended congregate care (ECC) monitoring visit, (See Aspen Event UZK711). The Sun Towers Retirement Community, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 089	429.178 FS /Other - Special Care Special care for persons with _____'s or other related _____ (1) A facility which advertises that it provides special care for persons with _____ or other related _____ must meet the following standards of operation: (a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility's residents. (b) Offer activities specifically designed for persons who are _____ (c) Have a physical environment that provides for the safety and welfare of the facility's residents. (d) Employ staff who have completed the training and continuing education required in subsection (2). (2)(a) An individual who is employed by a facility that provides special care for residents with _____s or other related _____ and who has regular contact with such residents,	A 089		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

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FNOK11

If continuation sheet 1 of 7

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A 089	Continued From page 1 must complete up to 4 hours of initial -specific training developed or approved by the department. The training shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g). (b) A direct caregiver who is employed by a facility that provides special care for residents with _____ or other related _____, and who provides direct care to such residents, must complete the required initial training and 4 additional hours of training developed or approved by the department. The training shall be completed within 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g). (c) An individual who is employed by a facility that provides special care for residents with _____ 's _____ or other related _____, but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with _____ _____ or other related _____, within 3 months after beginning employment. (3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the _____-specific training developed or approved by the department, in which the caregiver has not received previous training. (4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the	A 089			

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A 089	Continued From page 2 employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements. (5) The department, or its designee, shall approve the initial and continuing education courses and providers. (6) The department shall keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with s _____ or other related _____. (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs. (8) The department shall adopt rules to establish standards for trainers and training and to implement this section. This Statute or Rule is not met as evidenced by: Based upon record review, the facility failed to ensure that 2 of 2 personnel records contained documentation of training related to interaction with residents with _____. Findings include:	A 089			

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A 089	Continued From page 3 A review of the personnel records for staff A, employed since on the 11 p.m. to 7 a.m. shift and staff B, hired on and working the 7am-3pm shift, revealed no evidence of training in providing care and interaction for individuals with . Both staff are assigned to the Memory Care unit for persons with . Class III	A 089		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility's license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but	A 160		

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A 160	Continued From page 4 intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with ' s _____ or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.	A 160			

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A 160	Continued From page 5 (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer's license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility's resident elopement response policies and procedures. (r) The facility's documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based upon record review and staff interview the facility failed to ensure that an up to date record		A 160		

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A 160	Continued From page 6 of major incidents occurring within the last 2 years were maintained & available for review for 1 of 1 resident (#1) reviewed. Findings include: A review of the record for resident #1 revealed that on the interdisciplinary progress notes reflected a family member reported to staff that resident #1 complained someone punched the resident in the back. Progress notes also reflect that the facility nurse examined the resident and found no evidence of injuries. The facility nurse also interviewed the resident regarding allegedly injury by staff person per progress notes and resident denied anyone hurt her. The progress notes further indicated that the administrator was informed of concerns. During interview with the administrator at 1:30pm, he said he had no knowledge of this event. He was asked if an in-house incident report had been completed since one wasn't observed in the reports provided to surveyors. He said they were sent to the corporate office monthly and offered to contact the corporate office to see if one had been completed. During a telephone call to the administrator on (approx. 12:15pm) the administrator stated they did not have a report for the incident. Class III	A 160			

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sun Towers Retirement Community
101 Trinity Lakes Drive
Sun City Center, FL 33573

Dear Administrator:

Re: CCR# 2013004571 & ECC monitoring visit

This letter reports the findings of a complaint survey and an extended congregate care (ECC) monitoring visit that was conducted on , 2013, 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 complaint survey. 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

Enclosure: State Form 3020

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