

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/10/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910802	(X3) DATE SURVEY COMPLETED 07/03/2013
NAME OF PROVIDER OR SUPPLIER Sunset Villa Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2308 Americus Dr. Clearwater, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on / .

The Sunset Villa Retirement Home, assisted living facility, had a deficiency at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, one of two staff sampled (A) had not had their status updated on an annual basis. ()

Findings include:

A review of personnel files during the survey revealed that the latest evaluation for Staff A was from / . Further review of this employee's record found no subsequent documentation. Interview with the administrator (Staff A) at approximately 1:15 p.m. on / confirmed that he had not yet received an update to his assessment.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sunset Villa Retirement Home
2308 Americus Dr.
Clearwater, FL 33763

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

Paul Y Brown
Patricia Reid Cauffman
Field Office Manager

For

PRC/kpr

Enclosure: State Form

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