STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922212	06/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast Village I	12785 Sw 49 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Sun Coast Village I had deficiencies found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview Assisted Living Facility failed to have a written order of the resident's physician for using half-bed rails as well as the consent of the resident or the resident's representative for using half-bed rails for two out of three sampled residents (#1 and #2).

The findings include:

1. Observation on at 3:15 p.m. revealed that residents #1 and #2 used half-bed rails.

2. Record review on for residents #1 and #2 revealed that residents #1 and #2 did not have a written order of the resident's physician for using half-bed rails and resident #1 and #2 did not have the consent of the resident or the resident's representative for using half-bed rails .

3. Interview with the facility administrator on at 12:20 p.m. revealed that administrator confirmed that Assisted Living Facility failed to obtained written doctor order from resident #1 and #2's physician for using half-bed rails and consent from residents #1 and #2 or their representatives for using half-bed rails.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview Assisted Living Facility did not have a nurse employ or contract to provide limited nursing services.

Findings include:

1. Record review on revealed that the nurse contracted . There was no contract with a new nurse to provide limited nursing services

2. Interview with administrator on at 12:05 p.m. revealed that nurse who was contracted few months ago and administrator was in the process of contracting a new nurse to provide limited nursing services.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sun Coast Village I
12785 Sw 49 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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