STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Sun Park	312 E 124 Ave Tampa, FL 33612	
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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2013005890 & CCR# 2013007445, were conducted on / in conjunction with an limited nursing services (LNS) monitoring visit.

The Royal Sun Park, assisted living facility, had deficiencies at the time of the visit.

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

Based upon record review & interview, the facility failed to initiate a formal on-going plan to treat & prevent the spread of bed bugs in the facility and to inform residents and/or their family members of the recent identification of the presence bed bugs in the facility. (CCR# 2013005890 & CCR# 2013007445)

Findings include:

1. Per information obtained during this visit on / it was determined that the facility identified the presence of a bed bug in the facility common area as well as in the resident #5 on or about . Per interview with the facility administrator at about 9:30 am the facility 1st became aware of a bed-bug found by one of the facility staff in the TV . The administrator stated Pest Control was called and the and furniture disposed of. During re-inspection by Pest Control, evidence of beg- bugs were found in 6 resident . Those were treated by Pest Control, residents belongings were cleaned, the residents in those (including resident #5) was re-located to on another wing. The administrator stated that only the family members of those residents affected were notified by telephone call since the facility thought the bugs were and contained. The administrator stated she believed the bed-bugs were resolved since the Pest Control company and Health department cleared the facility during the last inspections.

During a telephone call to the facility Pest Control company (3:30pm) the representative verified he had been out initially to treat affected areas, train facility staff and make recommendations on & /. Invoices on file reflect additional visits of , , , & . During the last visit no live bed bugs were observed. The Pest Control representative also said he "stressed the importance of keeping on top of it", recommended the facility obtain magnifying glasses & flashlights for staff to have to identify the presence of bed-bugs and to obtain bed-bug and that mattresses needed the bed-bug proof covers installed . He said he would be back in the facility on .

During interview the administrator said the facility had purchased some but not all of the covers, they did purchased the magnifying glasses & flashlights for staff.

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On the day of this visit during initial tour of the facility no evidence of live bed-bugs were initially found, only what appeared to be a fine sprinkle of dark sand like debris under certain mattresses. In a bed-bug carcass was observed as well as stains on a pillow case of one bed.

While observing resident #2 on her bed (about 10:15am) in , a very small live bug (size of a sugar ant) was observed moving on her bed-linens. The bug was scooped into a plastic cup and taken outside for examination in bright light. It was verified it was a bed-bug. The bug was photographed. The residents skin was observed and no signs of bites were noticed.
When asked resident #2 stated she did not have any bug bites. Resident #3 who shared this resident #2 was observed & interviewed. This resident responded she did not have any bug bites although it was unclear if the resident understood the question due to .

Upon being informed of these findings, the facility administrator immediately the residents , had all clothing of residents #2 & 3 washed & dried. The cleaned personal items & both residents were moved to another .

Later in the day (2:30pm) while resident #2 was in the activities resident was observed to have 2 small red raised areas on the back of her neck (no scabbing or). It was suspected but not confirmed that these areas were the result of bed-bug bites.

2. During interview with the administrator when asked if the facility had a written policy & procedure plan for the monitoring and control treatment of facility bed-bugs she responded they did not. The facility did have the services of Pest Control to treat affected areas however, the administrator told the surveyors she was under the impression they were no longer present since both the Pest Control company & the health departments had re-inspected and found no live bed bugs. The administrator expressed frustration that they had re-appeared and admitted this was a new situation to the facility. She stated she would develop a plan for the on-going treatment & monitoring of the bugs and would educate both staff & families about them immediately. The policy & procedure plan was received on .

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based upon observation & interview, the facility failed to maintain a clean & safe living environment, free of pests. (CCR#2013005890 & 2013007445)

Findings include:

1. During a tour of the facility on , numerous mattresses were observed to have blue plastic covers that were torn, split and cracking. These mattresses were observed in #108, 103, 115, 118, 120.
During interview, management said (about 10:00 am) that the facility had a schedule for replacing residents mattresses and bug proof mattress covers. Its was stated some had already been replaced but not all.

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The facility identified bed-bugs in the facility around , 2013 at which time pest control was called in to treat affected areas/ . During a telephone interview with a representative from the contracted pest control company (3:30pm), the representative stated he had told the facility the importance of "keeping on top of the situation" (monitoring) and that all bed mattresses needed the bed-bug proof covers.

The facility did not follow through with this recommendation concerning mattress covers.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

Re: **CCR# 2013005890 & CCR# 2013007445**

This letter reports the findings of two complaint surveys and a limited nursing services (LNS) monitoring visit that were conducted on , 2013, by representatives 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 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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