STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965300	08/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Sunset	5019 Magpie Drive New Port Richey, FL 34652	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - 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

A biennial state licensure survey was conducted on

The Golden Sunset, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review, the health assessment for two of two residents whose medical examinations were sampled (#2; 3) were incomplete.

Findings include:

A resident record review during the survey revealed that the health assessment for Resident #2 was missing the following elements of information: a) whether the resident's needs can be met in an AFCH; b) the type of diet to be consumed; c) whether the resident has signs or symptoms of a communicable that might be communicable to staff or residents; d) the resident's functional capacity with the activities of daily living; and e) clarification regarding the resident's "need for medication administration." With respect to Resident #3, this health assessment was missing the following: a) whether in the health care provider's mind the resident's needs could be met in an ALF; b) what type of assistance would be required regarding medications; c) the resident's official status with respect to requiring "24-hour nursing/p supervision"; and d) the individual's current status relative to his/her skin condition (Stage?). Interview with the administrator at approximately 1:20pm on verified that no current health assessment had been completed on either Resident #2 or #3.

Class III

007(58A-5.0186 FAC

Based on interview, the facility did not have any written policies/procedures delineating its position with respect to state laws and rules relative to

Findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview with the administrator at approximately 11am on revealed that she had not formulated any written policies and procedures concerning , nor had she disseminated said policies and procedures to any of her residents.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, two of two staff sampled (A; B) who had been employed at least 30 days had not yet received training in the facility's elopement policies and procedures.

Findings include:

A personnel file review during the survey revealed that neither Staff A nor B, hired and , respectively, had any documentation attesting to the fact that they had been trained in the facility's resident elopement policies and procedures. Interview with the administrator at approximately 12:40pm on verified that this documentation was missing.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, one of two staff sampled (B) who assisted residents with medications as a part of their duties, did not completely meet training requirements pursuant to Section 429.52 (5), F.S.

Findings include:

Although a review of personnel records during the survey found a 2 hr. medication update from for Staff B (hired , further review of this employee's file found no evidence that he/she had taken the initial 4 hour course in providing assistance of medication self-administration. Interview with the administrator at approximately 1pm on confirmed that this document was not available, "even though the day the 2 hour training was given lasted at least 4 hours."

Class III

0090-Training - : 58A-5.0191(11) FAC
Based on record review and interview, one of two staff sampled who had been employed at least 30 days (A; B) had not received training in the facility's policies and procedures regarding

Findings include:

A personnel record review during the survey indicated that Staff B, hired , had no documentation verifying that she had received any training regarding the facility's policies/procedures. Interview with the administrator at approximately 1:10 p.m. on confirmed that said training had not been provided.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, the facility did not maintain an environment that was free of all potential hazards.

Findings include:

During the initial tour of the home from between approximately 9:30 a.m. and 10:20 a.m. on some exposed electrical wiring was observed in the living/TV area--on the wall where the electrical switch is situated.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Golden Sunset
5019 Magpie Drive
New Port Richey, FL 34652

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 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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