STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911452	08/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun City Senior Living	3855 Upper Creek Drive Ruskin, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

Assisted Living Facility

Three unannounced complaint surveys, CCR# 2013006447, CCR# 2013006610, and CCR# 2013006783, were conducted on .

The Sun City Senior Living, assisted living facility, had no deficiencies cited relative to CCR# 2013006447 and CCR# 2013006783.

The following deficiency was cited relative to CCR# 2013006610: A078. Unrelated deficiencies cited relative to this CCR: A 025 and A 0162.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to document major incidents or changes in condition for 2 (Resident #2 and #4) of 4 residents sampled for record review.

Findings include:

Interview with Resident #2 on at approximately 12:20pm revealed that the resident had at least 2 times at the facility.
Review of Resident #2's record revealed that he had been admitted to the facility on . There were hospital exit instructions in the record about his visit to the hospital on for acute exacerbation of ( ). The resident's reported and the hospital visit for were not noted in the resident's record, specifically, in the Resident's Condition Log. There was also no follow-up information noted about the incidents.
In the interview with the memory care supervisor (MCS) on at approximately 1:15pm, she stated that Resident #4 went to the hospital because of a and then rehab long term a week ago and her husband did not plan to return her to the facility.
In a later interview with the memory care supervisor (MCS) on at approximately 3:45pm, she stated that Staff A, a resident aide ( ) assisted Resident #4 with the heating which is more like a bag that is heated in the microwave. Staff A then left the . The resident called Staff A back to the I was red from the heating bag. The area was the next day.
Review of a handwritten note by Staff A dated revealed that she had heated and applied a heating to Resident #4's back and the resident's back was reddened because of the heating .
Review of Resident #4's record revealed that she had been admitted to the facility on . There was no documentation by facility staff about Resident #4's incident with the heating or Resident #4's hospital admission for the in in her Resident's Condition Log.
Review of the facility's policy and procedures for the Resident's Condition Log, form number,

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WPPOL/R-COND-L ( ), revealed that the form was to be completed as incidents occur for each resident. This lack of documentation made it difficult to determine the circumstances regarding the incidents, the care provided by facility staff, and any follow-up care that was required.

Class III

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

Based on interviews and record review, unqualified facility staff placed a heating on the back of 1 (Resident # 4) of 12 sampled residents which resulted in the reddening/ of the resident's skin.

Findings include:

Review of Resident #4's record revealed that she was admitted to the facility on .
Review of Resident #4's health assessment, Form 1823 dated revealed that the resident had Parkinson's . A common symptom of the is pain.
In the interview with the memory care supervisor (MCS) on at approximately 3:45pm, she stated that Staff A, a resident aide ( ) assisted Resident #4 with the heating which is more like a bag that is heated in the microwave. Staff A then left the . The resident called back and was red from the heating bag. The area was the next day. The staff was re-educated that they could not help with heating pads or bags. Staff explained to the resident's family that she could not have the heating bag heated up at the facility.
Phone interview with Staff A on at approximately 2:25pm revealed that she started working at the facility in and all the aides and med techs would place the heating on the resident's back and she had another one for her neck. On the day of the incident, Staff A stated she put the heating in the microwave for 1 minute and then she put a towel between the resident and the . Then she put the heating on the resident. Staff A left and came back 15 minutes later and the resident stated she was fine. Staff A left again. About 30 minutes later, the call light went off, and the home health aide was there. The resident complained that she was hot. Staff A took off the heating and her back was red. The next day the redness was down 90%. There were no and 2 little red marks. She stated that the resident may have gotten the red marks because all her weight was distributed on her back that day. She also stated that the manager, the MCS, and the assisted living nurse (ALN) knew that the RAs were putting the heating on the resident. Staff A stated that the first time, she asked Staff B and she stated it was alright to put the heating on the resident. Staff A stated that the MCS and the ALN stated it was alright to use the heating and they were aware. She was told to make the resident happy and put it on. Staff A also stated that the day after the incident with the heating , staff were told they were not allowed to use the heating .
Review of the handwritten report by Staff A dated revealed similar information regarding the incident with the heating except in the report she indicated by the times given that the heating was on 40 minutes total and removed because the resident stated she was hot. Then 25 minutes later, the resident called and complained of red marks on her back.
Phone interview with Staff B on at approximately 3:50pm revealed that Resident #4 had been using the heating herself. The resident had a microwave and a fridge in her . One of the RAs helped her with the heating and put it on her, but the aides were not allowed to do that. The resident was putting the heating on herself. She could get around the herself sometimes.
In the interview with the administrator and MCS on at approximately 8:40pm, they stated that the staff knew that heating pads could not be applied to a resident by the staff. They stated Staff A was new and had not known that she could not heat up and apply the heating bag to the resident's back.

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Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the facility failed to maintain the complete record at the facility for 1 (Resident #1) of 4 residents sampled for record review.

Findings include:

Review of Resident #1's record revealed that there was no Resident's Condition Log, or nurses notes. The latest resident's health assessment, Form 1823 which was required before the resident was switched to another level of care was also not present.

Interview with the administrator and the memory care supervisor on at approximately 8:00pm revealed a verification that these records for Resident #1, specifically the Resident's Condition Log and latest health assessment still could not be found and were last seen during evaluation by another government agency.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sun City Senior Living
3855 Upper Creek Drive
Ruskin, FL 33573

Dear Administrator:

Re: **CCR# 2013006447, CCR# 2013006610, & CCR# 2013006783**

This letter reports the findings of three unannounced complaint surveys that were 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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161