STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964825	02/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunset Lake Village	1121 Jacaranda Blvd Venice, FL 34292	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-02/13/2014
0028-Resident Care - Activities Of Daily Living-02/13/2014
0029-Resident Care - Nursing Services-02/13/2014
0030-Resident Care - Rights & Facility Procedures-02/13/2014
0055-Medication - Storage And Disposal-0
0079-Staffing Standards - Levels-02
0093-Food Service - Dietary Standards-
0167-Resident Contracts-0
N277-Lns - Resident Care Standards-
N278-Lns - Records-0

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:
On 2/13/14 a follow-up to the Change of Ownership (CHOW) and Limited Nursing Service (LNS) survey was completed at Sunset Lake Village ALF.

All deficiencies except A0052 were found to be corrected.

The following is a description of non-compliance:

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

0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, the facility failed to appropriately assist with self-administration of medications for 13 (Residents #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #23, and #24) of 15 residents sampled.

The findings include:

1. An observation on at 12:25 p.m., of Employee A during the medication pass, he failed to wash and/or sanitize his hands in assisting Residents #11, #12, #13, #14, #15, #16, and #17 with their medications. Employee A failed to identify the medications in souffle cup when giving Residents #10, #11, and #14 their medications.

2. An observation on at 8:30 a.m., of Employee I during the medication pass, she failed to wash and/or sanitize her hands in assisting Residents #19 and #20 with their medications. Employee A failed to identify the medications in souffle cup when giving Resident #18, #19, and #20 their medications.

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3. An observation on __ __ at 8:45 a.m., of Employee K during the medication pass, she failed to wash and/or sanitize her hands in assisting Resident #24 with their medications. Employee A failed to identify the medications in souffle cup when giving Residents #23 and #24 their medications.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0079-Staffing Standards - Levels 58A-5.019(4) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0167-Resident Contracts 58A-5.025(1) FAC

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

N278-LNS - Records 58A-5.031(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunset Lake Village
1121 Jacaranda Blvd
Venice, FL 34292

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) and Limited Nursing Service (LNS) Revisit survey conducted on 13, 2014 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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