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)		

List of Tags Cited:
St - A - 0027 - 58a-5.0182(3) Fac - Resident Care - Arrangement For Health Care S-S= D

Specific Tag Findings:
These are the results of a Complaint Survey, CCR# 2013013292, CCR# 2013012138, and CCR# 2014000379 completed at Sunset Lake Village an Assisted Living Facility (ALF) on [redacted].

The allegation for the complaint CCR#2013013292 was not substantiated.
The allegation for the Complaint CCR#2014000379 was not substantiated.
One allegation for the Complaint CCR#2013012138 was substantiated resulting in a deficiency cited at A0027.

The following is a description of non-compliance:

0027-Resident Care - Arrangement for Health Care 58A-5.0182(3) FAC

Based on record review and interview, the facility failed to ensure physician's orders for labs were completed for 1 (Resident #9) of 15 residents.

The findings include:

Record review found Resident #9 had a diagnosis of [redacted] which was being treated by an [redacted] Warfrin [redacted] 4 mg daily. The Medication Observation Record (MOR) for [redacted] documents the resident received the medication through [redacted]. The MOR includes a warning that says, "Medication has boxed warning: monitor for [redacted]' The progress notes dated [redacted] states "Resident has moderate amount red [redacted] in pull up at this time. Pull up in waste disposal has large amount of [redacted] noted, color pale." Progress notes state resident was sent to hospital for evaluation.

The hospital record dated [redacted] states under "History of Present Illness:" The patient is on [redacted] for anticoagulation for [redacted]. She has been having [redacted] for a couple days with frequent loose stools. She had some dark stools 3 days ago, but has noticed more frank [redacted]. On evaluation in the emergency [redacted] was found to have her INR markedly elevated a 7.0. Under the section "Assessment" item 2. Resident is noted to have [redacted] toxicity. Lab results for Resident #9 dated [redacted] indicate INR therapeutic range is 2.0-3.0

Record review for Resident #9 found lab results dated [redacted] documented Resident #9's INR level as 3.09 and noted as high. Physician's order dated [redacted] called for the INR level to be retested in 1 week. Lab results dated [redacted] documents resident's INR level was 2.89. A physician's order dated [redacted] called for the INR level to be test around [redacted]. The resident's record had no documentation of INR level being test around [redacted].

On [redacted] at the facility's Executive Director stated Resident #9's physician's office faxed all lab results they had concerning Resident #9's INR level. The last one they had was dated [redacted]. The Executive Director stated there is no documentation the lab order of [redacted] to have INR level tested around [redacted] was every completed.

On [redacted] at 3:45 p.m., the Advanced Registered Nurse Practitioner (ARNP) who was treating the resident

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stated the lab test of the INR level for Resident #9 was very important. Having the lab results would have help to adjust the residents [redacted] dosage.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunset Lake Village
1121 Jacaranda Blvd
Venice, FL 34292

Re: #CCR# 2013012138, CCR# 2013013292 and CCR# 2014000379

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 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 after , 2014 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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