STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932650	02/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunniland Retirement Center	4234 Sunniland Street Sarasota, FL 34233	
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standarcs - Staff 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

Specific Tag Findings:
These are the results of a Biennial survey conducted on at Sunniland Retirement Center an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to ensure the Resident Agreement for 2 (Residents #1 and #2) of 2 records review included a 45 day notice of termination by the facility.

The findings include:

1. The resident agreement for Residents #1 and #2 under the heading "The ALF Agrees To:" Subsection 4 states "Provide at least thirty day notice of relocation or termination of residency from the ALF." Under the Section titled "Exception" under subsection "3" states "There is a thirty (30) day probationary period to final acceptance of this agreement, and that I may be asked to leave for not providing true information to the facility or for non-payment of fees."

2. On at 3:00 p.m., the Administrator statec she thought she had updated contracts to state there would be a 45 day notice.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview, the facility failed to ensure 1 (Resident #2) of 5 residents who requires administration of her medication received that assistance from a licensed nurse.

The findings include:

1. On at 8:30 a.m., Resident #2 was observed in her She was observed with her hands contracted. The Administrator stated that Resident #2 eats in her she is unable to use her hands and must be feed.

2. Record review found the resident's Resident Health Assessment AHCA Form 1823, dated , on page 3 states, "resident needs help with medications." The box "Needs total assistance with Administration of meds," was checked.

3. On at 3:00 p.m., the Administrator stated when she assists Resident #2 with her medications, she must place the medication in her mouth because the resident is unable to move her hands and is unable to take

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the cup of medications and move it to her mouth. The Administrator stated she pours Resident #2's medication in a cup and must place the medication in the resident's mouth.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Staff C) of 3 staff reviewed provided a statement from a health care provider within 30 days of employment of freedom from and communicable

The findings include:

1. Record review for Staff C who was hired had no statement of freedom from communicable including

2. On at 3:00 p.m., the Administrator stated Staff C; the chief financial officer does have contact with the residents. He takes Resident #1 fishing and at times maybe alone with the residents in the facility. She states she has overlooked the statement and did not realize Staff C needed one.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to ensure non-licensed staff who assist with the self-administration of medications receive 2 hours continuing training annually for 1 (Staff C) of 3 staff reviewed.

The findings include:

1. Record review for Staff C found documentation of completion of the initial 4 hours of training in assisting with the self-administration of medications. It was dated There was no documentation in the record of having completed any 2 hour continuing education course.

2. Record review for Staff A, Administrator/Owner, found documentation of having completed the initial 4 hours training in assisting with the self-administration of medication. It was dated The last documentation of having completed a 2 hours continuing education was dated

3. On at 3:00 p.m., the Administrator stated that on occasions Staff C does assist residents with the self-administration of medications. She stated she did not realize her update had expired.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure 2 (Staff B and C) of 3 staff reviewed received training within 30 days of hire in the facility's policies and procedures regarding

The findings include:

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1. Record review for Staff B found she was hired . There was no documentation in the record of having received training in the facilities policies and procedures.

2. Record review for Staff C found he was hired . There was no documentation in the record of having received training in the facilities policies and procedures.

3. On at 3:00 p.m., the Administrator stated there was no documentation of training in the facility's policies and procedures available for Staff B or Staff C.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunniland Retirement Center
4234 Sunniland Street
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a Biennail survey that was conducted on , 2014 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 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 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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