STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	04/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Sun Park	312 E 124 Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was conducted on .

The Royal Sun Park, assisted living facility, had deficiencies at the time of the visit.

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

Based on record reviews and interview, the facility failed to ensure that all staff had obtained a statement from a health care provider that indicated the staff member did not have any communicable within 30 days of hire for 1 (Staff C) of 3 staff members sampled for employee review.

Findings include:

Review of Staff C's employee records revealed that her date of hire was . There was no statement in her records that indicated Staff C was free from communicable .
Interview with the administrator on at approximately 5:15pm revealed that he acknowledged the missing employee documentation.
Review of the fax received from the administrator dated revealed that Staff C had obtained a statement from a health care provider that indicated free from communicable on .

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record reviews and interview, the facility failed to ensure that all direct care staff had appropriate certificates for all required employee training for 3 (Staff A, B, and C) of 3 staff members sampled for employee review.

Findings include:

Review of the employee records for Staff A revealed that there was no certificate for 1 hour of in-service training in resident rights.
Review of Staff B's employee records revealed that she did not have a certificate for a 1 hour in-service training on the facility's emergency procedures and evacuation. Staff B had a certificate dated for training in the following topics: assisting residents with activities of daily living, control, universal precautions, practice

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perfect, and incident reporting. Incident reporting was the course being reviewed. The certificate listed only 1 hour of training and did not indicate specifically how much training time was allotted to each topic.
Review of Staff C's employee records revealed that she had a certificate for Understanding & control dated . There were no training hours listed for any of the topics covered. Staff C did not have a certificate for the 1 hour of in-service training in resident rights.
Interview with the administrator on at approximately 5:15pm revealed that he was not aware that the in-service training required certificates. He was not aware of all the information required on the certificates, such as the training hours. He stated that the staff meetings when they took over the facility had resident rights and disaster preparedness. He indicated that these meetings should meet the 1 hour required for the training.
Review of the fax received from the administrator dated revealed that Staff A and Staff C had signed the staff meeting sign-in sheet on and one of the topics covered was resident rights. There were no hours listed on the staff meeting's agenda. The fax also included a staff meeting sign-in sheet dated that had been signed by Staff B and covered disaster and emergency preparedness. There were no hours listed on the staff meeting's agenda.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that was conducted on , 2014, by representative(s) 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(s). 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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