| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942783 | 07/01/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Fairway Pines At Sun N Lake | 5959 Sun N' Lake Blvd. Sebring, FL 33872 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

**Amended**

A complaint survey, CCR# 2014005639, was conducted on .

The Fairway Pines at Sun 'N Lake, assisted living facility, had a deficiency at the time of the visit.

Note that Tag AZ827 was administratively deleted on .

**0004-Licensure - Requirements 58A-5.016 FAC**

Based on interview, observation and record review, the facility had changed the use of at least 14 beds with respect to 14 residents sampled (#1-14) without formally notifying the Agency beforehand.

Findings include:

In an interview with the administrator at approximately 11:40 a.m. on , she stated that her census was 139 assisted residents with a total capacity of 150. She further explained that she had 17 "independent residents" who occupied various beds throughout her facility, including 14 "pending" beds, as indicated on her facility's most current floor plan. Further interview with the administrator revealed that these "pending" beds were intended to be formally licensed once her application for a capacity increase with the Agency was processed and approved. Review of the facility's floor plan found approximately 14 beds identified as "pending"; review of a current resident roster dated revealed a listing of "independent residents" who lived in these observation of at least two of these residents(#1;2) further confirmed that they were occupying these accommodations. Interview with the administrator at approximately 1 p.m. on indicated that "since she was in the process of applying for a capacity increase and due to these residents not requiring any personal services, she thought that was all that was necessary."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fairway Pines at Sun N Lake
5959 Sun N' Lake Blvd.
Sebring, FL 33872

**RE: Amended CCR# 2014005639**

Dear Administrator:

This letter reports the findings of a complaint survey 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency identified on your survey. Please be advised that Tag AZ827 was administratively deleted on .

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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