STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	07/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast Retreat	8151 Treelet Court New Port Richey, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with extended congregate care (ECC) was conducted on .

The Sun Coast Retreat, assisted living, had a deficiency at the time of the visit.

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

Based on observation and interview, the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. The facility failed to ensure that the unlicensed staff read the label in the presence of the resident for two of three sampled residents (Resident #1 and Resident #3) and failed to ensure that staff did not perform duties they were not qualified for (assisting with administration) for one of four sampled residents (Resident #4).
Findings include:

On at approximately 12:10 PM, Employee B was observed conducting a medication pass. Employee B was observed checking the Medication Observation Record (MOR) for Resident #1. Employee B then sanitized her hands, took the bubble pack with the medication out of the cart, approached Resident #1 at her table in the dining , greeted the resident and stated "Here's your medication." Employee B then popped the pill out of the bubble pack into a cup and gave it to the resident and watched her take it. Employee B did not read the label to Resident #1 or tell her what medication it was.

On that same date at approximately 12:15 PM, Employee B reviewed the MOR for Resident #3. Employee B then took the bubble pack out of the medication cart, approached Resident #3's table and greeted him, popped the pill out of the bubble pack into a cup, handed it to Resident #3 and stated "Here's your medication." Employee B watched him take the medication. Employee B did not tell Resident #3 what the medication was or read the label.

When interviewed on at 10:25 AM, Employee E stated there were three residents at the facility on . When asked about the residents' ability to manage their , Employee B stated the residents were independent with except for Resident #4. Employee E stated that Resident #4 cannot put the cannula on by herself and the unlicensed staff working at the facility have to do it.
On that same date at 10:30 AM, Employee B stated regarding Resident #4's , "We assist her. We put the cannula on." Regarding settings for the , Employee B stated, "Hospice comes in and they usually check the settings. We hardly ever touch them." Employee B stated that Resident #4 "can't really do it. She can't see."

During a tour of the facility conducted on beginning at 10:45 AM, tanks and an concentrator were observed in Resident #4's .

A review of Resident #4's record on revealed a Hospice care plan from 2014 noting Resident #4

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	**07/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast Retreat	**8151 Treelet Court New Port Richey, FL 34653**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

was on [illegible] "as needed." The record also contained a health assessment dated [illegible] indicating that Resident #4 required assistance with self-administration of medication and was "[illegible] dependent."

During an interview conducted on [illegible] at 2:45 PM, the administrator stated he was surprised Employee B did not read the label to the residents and said she may have been nervous and forgotten. Regarding Resident #4, the administrator stated staff were going to need to be reminded about not assisting with [illegible] and "we'll have to get with Hospice and they'll have to do it."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sun Coast Retreat
8151 Treelet Court
New Port Richey, FL 34653

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with extended congregate care (ECC) 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.

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,

Paul Y Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida