STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast	9111 Sw 28 Terrace Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on , 2014. Sun Coast had the following deficiencies found at time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review, and interview, the provider failed to ensure that 1 out of 6 (#1) residents had a face-to face medical examination by a health care provider after a significant changed.

Findings included:

Observation conducted on , , 2014 at 12:03 PM, revealed resident #1 was being spoon fed by staff A. Observation conducted on , , 2014 at 12:07 PM, revealed resident #1 was being spoon fed by staff C.

On , 2014 at 12:57 PM, staff A said that two months ago, she had noticed that resident #1 was not able to feed herself.

A review of resident #1's record revealed the last health assessment was conducted on , 2012. Further review of resident #1 ' s health assessment revealed that resident #1 needed supervision with eating.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the provider failed to ensure 1 out of 4 (B) staff obtained annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices.

Findings included:

Record review revealed staff B the alternate administrator when the administrator is not present. Staff B obtained the 4-hour training on providing assistance with self-administered medications and safe

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medication practices on , 2011. Further record review revealed no documentation showing staff B had obtained annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices.

On , 2014 at 11:29 AM, the administrator reviewed staff B's training documentation and acknowledged there were no documentation showing staff B had obtained annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview, the provider failed to ensure 1 out of 4 (A) staff obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

A review of staff A (administrator)'s personnel file revealed no documentation showing staff A had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

On , 2014 at 11:10 AM, staff A reviewed her personnel file and acknowledged she had not completed annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sun Coast
9111 Sw 28 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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 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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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