STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	11/13/2014
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)		

Revisit Corrected Tags:
0084-Training - Assis Self-Admin Meds & Med Mgmt- I/
0085-Training - Nutrition & Food Service- I/

Revisit Repeat Tags:
0010-Admissions - Continued Residency-58a-5.0181(4) Fac

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on 13, 2014. Sun Coast had an uncorrected deficiency at time of survey.

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

Based on record review and interview the facility STILL failed to ensure that 1 out of 1 sampled resident (# 1) met residency criteria. The facility failed to ensure that 1 out of 1 resident was able to perform activities of daily living with assistance and did not require total help.

Findings included:

Record review of resident # 1's last health assessment dated revealed that activities of daily living section documented the following: resident #1 required total assistance with bathing, eating, , and toileting.

Facility owner stated on I/ at 10:15 am that resident's family is planning to place her under hospice's services but they have not done it yet.

Uncorrected deficiency
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 revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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