STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - ..../..... S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

Assisted Living Facility

An Abbreviated Survey with Extended Congregate Care Services was conducted on .

The Sun Towers Retirement Community had deficiencies found at the time of this visit.

0077-Staffing Standards - Administrators 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that the facility is under the supervision of an administrator who has completed the core training and core competency test requirements no later than 90 days after becoming employed as a facility administrator. The facility failed to ensure that an administrator not in compliance with the continuing education requirements has retaken the core training and passed the core competency test as required

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00pm. The facility Administrator provided a certificate attesting to completion of assisted living facility core training requirements and successfully passing the competency test on .

Per interview with the facility Administrator on , he has been residing in another state for the past 5 years, returned to Florida from the other state to begin employment as Administrator of current facility on , and has had no updated training except HIPAA regulations since he returned from another state. The facility Administrator stated he is " scheduled for updated CORE training during the 1st week of , April 7-8, 2015. "

The Administrator has not maintained the continuing education requirements, is considered a new administrator for the purposes of the core training requirements and must retake the assisted living facility core training and retake and pass the competency test. Since he began employment as Administrator of current facility on , he was required to complete the assisted living facility core training and retake & pass the competency test by , within 3 months from the date of becoming the facility Administrator. As of facility visit, the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Administrator has not completed the requirements.

As of facility visit, the facility is not under the supervision of an Administrator who has completed the core training and core competency test requirements

Class III

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

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including . Failure to ensure that all staff is free from communicable (s) including places residents (281 in-house on the day of visit), employees, and facility visitors at risk of adverse medical consequences.

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00pm. Three of three employee records randomly selected for review contained no evidence of newly hired staff having submitted within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Staff A was hired as a Resident Care Aide/Medication Technician on . As of record review, there is no documentation of testing and no documentation that Staff A does not have any signs or symptoms of a communicable including .

Staff B was hired as a Resident Care Aide/Medication Technician on . Staff B's file included a form signed by Staff B indicating willingness to undertake testing. As of record review, there is no record of completion of testing or results, and there is no documentation that Staff B does not have any signs or symptoms of a communicable including .

Staff C was hired as a Certified Nursing Assistant/Medication Technician on . As of record review, there is no documentation of testing and no documentation that Staff C does not have any signs or symptoms of a communicable including .

Per interview with the facility Administrator on beginning at approximately 2:30pm, the Administrator stated there may be more records in the Personnel Director's office, but the Personnel Director is out on vacation at the time of visit. The Administrator reviewed records provided to the Surveyor and confirmed no records of testing with results and no documentation of freedom from communicable including in the employee files for Staff A, B, & C.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	**101 Trinity Lakes Drive Sun City Center, FL 33573**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to ensure that the Administrator successfully completed the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator and participated in 12 hours of continuing education in topics related to assisted living every 2 years. The facility failed to ensure that the Administrator who has not maintained the continuing education requirements has retaken the assisted living facility core training and retaken & passed the competency test within 3 months from the date of becoming the facility Administrator.

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00pm. The facility Administrator provided a certificate attesting to completion of assisted living facility core training requirements and successfully passing the competency test on .

Per interview with the facility Administrator on , he has been residing in another state for the past 5 years, returned to Florida from the other state to begin employment as Administrator of current facility on , and has had no updated training except HIPAA regulations since he returned from another state. The facility Administrator stated he is " scheduled for updated CORE training during the 1st week of , April 7-8, 2015. "

The Administrator has not maintained the continuing education requirements, is considered a new administrator for the purposes of the core training requirements and must retake the assisted living facility core training and retake and pass the competency test. Since he began employment as Administrator of current facility on , he was required to complete the assisted living facility core training and retake & pass the competency test by , within 3 months from the date of becoming the facility Administrator. As of facility visit, the Administrator has not completed the requirements.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff who provide direct care to residents have received all in-service training required within 30 days of hire, placing 281 residents at risk of facility failure to safely provide needed direct care services, failure to recognize & report , neglect, or , failure to properly respond to emergency situations, and failure to ensure safe food handling practices

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00pm. Three of three employee records randomly selected for review contained no evidence of required in-service training as follows:

Staff A was hired as a Resident Care Aide/Medication Technician on . As of record review, Staff A's records do not contain documentation of completion of training in Resident behavior and needs and providing

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

assistance with the activities of daily living, Emergency Preparedness & Evacuation, Elopement Response, Incident Reporting, Recognizing & Reporting , Neglect, or , and Nutrition & Safe Food Handling in an assisted living facility.

Staff B was hired as a Resident Care Aide/Medication Technician on . As of record review, Staff B's records do not contain documentation of completion of training in Resident behavior and needs and providing assistance with the activities of daily living, Emergency Preparedness & Evacuation, Elopement Response, Incident Reporting, Recognizing & Reporting , Neglect, or , and Nutrition & Safe Food Handling in an assisted living facility.

Staff C was hired as a Certified Nursing Assistant/Medication Technician on ; record contains copy of current CNA licensure with an expiration date of . Staff C has therefore met the requirements for training in Resident behavior and needs and providing assistance with the activities of daily living. Surveyor observed a one-page document in Staff C 's file entitled " Certificate of Continuing Education - Sun Terrace Health Care Center-Day 1-General Orientation " that listed program content as " Fire & Life Safety, Disaster Plans, Accident Prevention, Resident Rights, Federal & State Regulations, Survey Process, Working in LTC <Long-Term Care>, Risk Management, , Neglect, and , Misappropriation of Resident Property, Compliance, Grievance Process, HIPAA, Customer Service, Introduction to 's , Control, , OSHA Bloodborne , Ergonomics, MSDS. " The certificate indicated that Staff C completed 8 hours of in-service education in the topics listed on . A space for "Provider" on the certificate is blank. As of record review, Staff C's records do not contain documentation of completion of the required minimum of 1 hour in-service training within 30 days of employment that covers Reporting major & adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; the required minimum of 1 hour in-service training including Recognizing and reporting resident , neglect, and ; and in-service training regarding the facility ' s resident elopement response policies and procedures

Per interview with the facility Administrator on beginning at approximately 2:30pm, the Administrator stated there may be more records in the Personnel Director's office, but the Personnel Director is out on vacation at the time of visit. The Administrator was unable to provide the required documentation.

Class II

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all staff have completed a one-time education course on . Failure to ensure all staff is trained on places residents (281 in-house on the day of visit), employees, and facility visitors at risk of adverse medical consequences.

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00pm. Three of three employee records randomly selected for review contained no evidence of completion of a one-time education course on and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Staff A was hired as a Resident Care Aide/Medication Technician on . As of record review, there is no documentation of any / training.

Staff B was hired as a Resident Care Aide/Medication Technician on . As of record review, there is no documentation of any / training.

Staff C was hired as a Certified Nursing Assistant/Medication Technician on // . As of record review, there is no documentation of any / training.

Per interview with the facility Administrator on beginning at approximately 2:30pm, the Administrator stated there may be more records in the Personnel Director's office, but the Personnel Director is out on vacation at the time of visit. The Administrator was unable to provide the required documentation.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that all staff receive at least one hour of training in the facility's policy and procedures regarding ( ) for three of three randomly sampled direct care staff. Failure to ensure all staff is trained in the facility's policy and procedures regarding places the facility ' s in-house census of 281 residents at risk of improper medical treatment.

Findings Include:

A review of employee personnel files and training records was conducted on beginning at approximately 1:00 p.m. Three of three employee files reviewed (Staff A-hired , Staff B-hired // , & Staff C-hired //.) did not contain evidence of completion of training in the facility's policy and procedures regarding ( ).

Per interview with the facility Administrator on beginning at approximately 2:30pm, the Administrator stated there may be more training records in the Personnel Director ' s office, but the Personnel Director is out on vacation at the time of visit. The Administrator had provided two employee files from Personnel for each of the 3 sampled employees containing hiring, payroll, job description, performance evaluation info, and an employee signed copy of the Resident Bill of Rights. There was no documentation of training in the facility's policy and procedures regarding .

Class III

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

Based on record review and interview, the facility failed to ensure that required training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings Include:

A review of employee personnel files and training records was conducted on · beginning at approximately 1:00pm. The facility provided 3 sets of employee files for 3 randomly sampled employees: two files each from Personnel with hiring, payroll, job description, & performance evaluation info, which also included an employee signed copy of the Resident Bill of Rights; and one set of files provided by the Wellness Manager which included training certificates for providing residents assistance with self-administration of medications and Extended Congregate Care services, as applicable to staff duties.

Three of three employee files reviewed (Staff A-hired .. ·, Staff B-hired ·/ .. .., & Staff C-hired /) did not contain training certificates as required, with the exception of providing residents assistance with self-administration of medications and training in Extended Congregate Care, as indicated above. As of record review, there is no training certificates in any of the records for / · training, no documentation of training in the facility's policy and procedures regarding .. .. .. (·), no certificates of training in Emergency Preparedness & Evacuation, Elopement Response, Incident Reporting, Recognizing & Reporting .. .. .., Neglect, or .. .. .., and Nutrition & Safe Food Handling in an assisted living facility. There is no training certificates in Staff A and Staff B files for training in Resident behavior and needs and providing assistance with the activities of daily living. Staff C's record contains a copy of current Certified Nursing Assistant licensure and has therefore met the requirements for training in Resident behavior and needs and providing assistance with the activities of daily living.

Surveyor observed a one-page document in Staff C's file entitled "Certificate of Continuing Education - Sun Terrace Health Care Center-Day 1-General Orientation" that listed program content as "Fire & Life Safety, Disaster Plans, Accident Prevention, Resident Rights, Federal & State Regulations, Survey Process, Working in LTC <Long-Term Care>, Risk Management, ·, Neglect, and ·, Misappropriation of Resident Property, Compliance, Grievance Process, HIPAA, Customer Service, Introduction to · ' s ·, ... Control, ... / ·, OSHA Bloodborne .. .. .., Ergonomics, MSDS." The certificate indicated that Staff C completed 8 hours of in-service education in the topics listed on · / · . A space for "Provider" on the certificate is blank. The record did not contain training certificates documenting training information as required.

Per interview with the facility Administrator on · beginning at approximately 2:30pm, the Administrator stated there may be more records in the Personnel Director's office, but the Personnel Director is out on vacation at the time of visit. The Administrator was unable to provide the required documentation.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

A. Based on interviews and record review, the facility failed to maintain a 6 month substitution log for meals served which differed from their approved menus.

Findings Include:

During the survey of · a request for the 6 month file of dated menus with substitutions was requested.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	101 Trinity Lakes Drive Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During interviews with the administrator (approximately 12 noon) he stated that menu items were substituted when the planned items did not arrive from the food distributors.

A review of the facility approved menus revealed no documentation was provided of substitutions made. An additional request for the substitution log was made to the administrator at approximately 12:00 P.M. He stated that he would speak with the dietary manager concerning a copy of the log.

While meeting with the dietary manager at approximately 12:30 P.M. to observe the emergency food supply/storage area, an additional request was made to this individual for a copy of the substitution log.

At approximately 3:00 P.M., the administrator informed this surveyor that he didn ' t ' think they had a substitution log.

At approximately 3:30 P.M., the dietary manager entered the conference informed the surveyors that he was, " embarrassed " , and that the facility did not maintain a substitution log. He then produced a copy of a plan of correction and stated that he has begun to provide in-services to all dietary staff on procedures to satisfy this requirement.

B. Based upon record review & a review of the facility menus, 1 (#10) of 1 residents reviewed did not receive a therapeutic diet as ordered by the residents health care practitioner.

Findings Include.

A review of the record for resident #10 revealed that the health assessment (AHCA form1823) dated indicated one of the residents diagnosis' was . Updated diet orders from the health care practitioner on stated the resident should be on a Calorie Controlled diet.

A review of the facility menus revealed the facility offered a reduced concentrated sweets diet not a Calorie Controlled diet.

During interview with one of the facility nurses at approximately 3:00 p.m she provided a list maintained for the dining that the resident should be served a "No Concentrated Sweets diet".

Interview with the -Director of Nutritional services at 3:10 p.m. he agreed that the resident should be on a reduced concentrated sweets diet and that a controlled diet is different from a No concentrated sweets diet.

The resident was not being provided the diet as ordered by the health care practitioner.

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	**02/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Towers Retirement Community	**101 Trinity Lakes Drive Sun City Center, FL 33573**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Towers Retirement Community
101 Trinity Lakes Drive
Sun City Center, FL 33573

Dear Administrator:

This letter reports the findings of a state licensure abbreviated survey and a extended congregate care (ECC) survey that was conducted on , 2015 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
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