STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	**04/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUNSHINE MEADOWS	**1809 18TH STREET SARASOTA, FL 34234**	

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

0000 - Initial Comments

An unannounced Complaint Survey CCR #2015003891 was completed at Sunshine Meadow an Assisted Living Facility (ALF) in Sarasota, Florida.

The allegation was substantiated. The following deficiency was identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on interview, observation, and record review, the facility failed to ensure a safe homelike environment free of bed bugs for 5 (Residents #1, #2, #3, #4, and #5) of 5 residents sampled.

The findings included:

On at 9:00 a.m., the Administrator said had been identified with bed bugs and was treated on . The Administrator said she overheard Resident #2 complaining about possible bed bugs. The exterminator is schedule to come back to treat the .

On at 9:50 a.m., a tour of the facility was begun with the facility maintenance director and an inspector from the Sarasota County Health Department.

On at 10:10 a.m. Resident #2, who resides in , said that she saw a bed bug in her had reported to the Administrator.

On at 10:15 a.m., Resident #3, who resides in , said that he has been bitten a lot and knew he had a bed bug problem. He reported it and the maintenance director came in and treated his bed.

On at 10:15 a.m., the maintenance director said that Resident #3 reported he was being bit by bed bugs. He inspected the treated it with Pemethrin and hydroprene which had been recommended by the exterminator for treatment against bed bugs. is scheduled to be treated on .

On at 10:45 a.m., the facility was observed to have evidence of bed bugs in and 71. Several bed bugs were observed on the floor. The maintenance director said had been identified as having bed bugs and was scheduled to be treated by the exterminator.

On at 11:30 a.m., Resident #4 in said the once infested with bed bugs but was treated.

On at 11:30 a.m., observation of the found bed bugs crawling on the recliner that was in the . Bed bugs were observed on the wall next to the recliner. Bed bugs were observed on the bedding. Multiple bed bugs were observed crawling on the wall over the bed in 278A. Resident #4 and #5 were observed exiting the

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0030 Continued From page 1

moving throughout the second floor.

Observation of on at 1:15 p.m. found live bed bugs between the mattress and box spring.

On at 3:00 p.m. the exterminator who services the facility said he comes out monthly but generally does not treat the facility for bed bugs.

Record review of the Exterminator's "Customer Summary Profile" for the facility documents on was treated for bedbugs. On was treated for bedbugs.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

RE: CCR #2015003891

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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