STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	07/27/2015
NAME OF PROVIDER OR SUPPLIER **SUNRISE SENIOR VILLAGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET TAMPA, FL 33612**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

Complaint Investigations CCR# 2015004650 & 2015005302 were conducted on .

The Sunrise Senior Village Assisted Living Facility had deficiencies found at the time of this visit.

0025 Resident Care - Supervision

Based on record review for 4 sampled residents and interview, the facility failed to maintain a written record of incidents for Resident #2 and #4, and of any significant changes or prevention measures in place that resulted in significant weight loss for Resident #1.
Findings Include:
A review on revealed the following;
1. Closed medical record review on Resident #1 revealed he was admitted to the facility on with Diagnoses of History of Kidney , Poor Judgement, , Mild and Development Delayed.
Accord to the 1823 the most current form documented on / Resident #1 was independent in all Activities of Daily Living and weight of 126 pounds.
Review of Resident #1 weight sheet revealed his weight on was 131 pound and as 111 pounds.
Review of Resident #1 Closed record revealed physician orders dated a diet order change to chopped meats mechanical soft diet. The physician orders on documented 15 mg for 30 days for diagnoses of .
Interview with Administrator on at 12:20 P.M. regarding Resident #1 revealed he was declining, weak and had Right several years ago due to . She stated the Nurse Practicioner thought something might be going on with his again and he needed to go out to the hospital.
Interview with Administrator on at 12:50 P.M. regarding Resident #1 revealed that he was given a 45 day notice to due to he did not have funds to pay the new rate around the middle of . She stated he was upset. She stated she applied for Long Term care for him with Medicaid but there is a long wait. She stated the new rates went in effect / / . She also stated that she got a leniency from corporate and the resident seemed better. She stated he was eating all his meals right along and snacks. She stated he started to complain about pain in the leg. She verified that they did not have anything in place for the weight loss, and we just kept an eye on him.
According to the census by date resident #1 sent out to the hospital on / and from the hospital to a rehab on .

AGENCY FOR HEALTH CARE ADMINISTRATION

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2. Review of Closed record for Resident #4 revealed he was admitted to the facility on with Diagnoses of , , , and was on .

According to record review Resident #4 had a on which resulted in a of the C- Spine and sent out to the hospital.

Review of the 1823 most current form dated / documented Resident #4 was alert and orientated times three, needing supervision for all Activities of Daily Living except independent with eating.

Interview with the Administrator on a t1:15 P.M. regarding resident #4 stated an adverse incident was not done or an incident report. The Administrator stated that Resident #4 was transferred from the hospital to the hospital rehab floor on and stated he expired in the chair on . She also stated the on when he reinjured an old of the C-Spine.

3. Review of facility medical record of Resident #2 revealed her current 1823 form dated documented diagnosis of , Mentally Challenged and Slow. The documentation showed resident #2 was independent in most Activities of Daily Living except needing supervision for dressing and .

Review of the physician progress notes for Resident #2 documented on / the resident had a and documentation showed she was and was checked on every two hours.

Interview with Administrator on at 1:15 P.M. regarding Resident #2 revealed that no incident report was completed for the resident.

There was no documentation in the facility resident records of concerning any of the above addressed issues.

Class III

CCR# 2015004650

0030 Resident Care - Rights & Facility Procedures

Based upon confidential interview the facility failed to ensure that residents have access to their personal spending money being held by the facility without delay.

Findings Include:

During confidential interview with 1 resident on (approximately 12:30pm) the resident told the surveyor that the facility was holding her personal spending money. When asked if she can get her money whenever requested the resident replied "I have to wait to get it. It goes through the company before I can get it". During interview with facility management it was learned that this resident actually has a guardian that handles her funds but it was learned that the facility has a policy that personal funds have to be requested from the corporate office in another city.

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A review of the facility procedures dated " Policy for Resident Fund Disbursement from Facility to Resident" states as follows;

" if facility has 99 or less residents, one check will be sent for the entire month-only $50.00 can be given out at any one time to a resident"

This a violation of the resident Bill of Rights to limit monies held in trust accessible to the residents.

Class III

CCR# 2015004650

0093 Food Service - Dietary Standards

Based upon observation & interview, the facility failed to ensure that the dietary needs of the residents were met in accordance of recommendations by the current USDA Dietary Guidelines for Americans and that menus as approved by the registered dietitian was followed.

Findings Include:

1. During the visit of the noon meal consisted of pulled pork on , french fries, pumpkin cake & beverage. No vegetable was served.

The residents did not receive a well-balanced meal since a vegetable source was not provided.

2. The facility was not maintaining a substitution list for meal items substituted from the original approved menus.

A review of the menu for the date of this visit noon meal indicated the facility was to serve creamed chicken & Biscuits, Broccoli, baked 1/2 tomatoes, dessert or fruit of the day. As noted above different menu items were served.

When asked what was served for breakfast on dietary staff said (10:15 a.m.) it was waffles, watermelon, orange juice, milk, coffee, tea &/or water. A review of the morning meal noted on the menu for this date indicated breakfast was to be cereal, oatmeal, grits, Quiche, hashbrown potatoes, cinnamon apples. Further the surveyors were told that the dinner meal for consisted of
veal, mashed potato's, corn &apple sauce. The meal noted on the menus for was Soup of the

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day, chicken salad sandwich, tomatoes & lettuce, , potatoes chips Jello.
Per interview with dietary staff, they substitute when a menu item is not available, He refers to a suggestion list titled " Meal Planning Suggestions" which also stated " Since your diet will be somewhat restricted following your surgery, we would like to suggest some food item that will fit into your post- dietary regimen". Printed at the top of this typed sheet a name of a resident was hand written. It was evident this form was not for general dietary guidelines but intended for an individual use.

3. During observation of the noon meal, no menu was observed posted in the dinning . When asked where the menu was posted, staff directed the surveyor to the hallway where menus were hung. A review of these menus revealed they were for the weeks of & . The current week was not posted.
4. During the noon meal observation, 1 resident was over-heard asking for ketchup for their french fries. The dietary staff responded that they were out. When interviewed (approximately 12:30pm) dietary staff confirmed they did not have any ketchup.
5. A review of the facility non-perishable food supply available revealed it was not adequate for the number of meals the facility had contracted to serve based upon the current resident census. The total nonperishable protein on hand was 358 oz. which accounted for each of the 82 residents only receiving approximately 1.45 oz. per day for each of the 3 days. No non-perishable dairy source was available. There was 1 can of pudding (6 lb. 12 oz) however this could not be counted toward dairy since the first ingredient was water, the second ingredient was sugar, in order to count canned pudding toward dairy the first ingredient has to be skim milk.
Class III
CCR# 2015004650

0120 Fiscal - Financial Stabilitv

Based upon information received during interview the facility is not administered on a sound financial basis.

Findings Include:

During the visit of it was learned that the facility has outstanding bills from venders who had provided supplies & services to the facility.

According to telephone interview on / (at approximately 11:15 a.m.)one company who provided baked goods to the facility had cut off delivery to the facility due to non-payment of bills back to / . The facility currently has a $2000.00 bill outstanding. They did receive two partial payments of $300.00 & $600.00 in 2015. The remaining $2000.00 is still due.

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Class III
CCR# 2015004650

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed to ensure an adverse incident was not reported to the agency for resident #4 who had a with a .
Findings Include;
A review of Closed record on for Resident #4 revealed he was admitted to the facility on with Diagnoses of , , , and receiving Diaylsis.
According to record review Resident #4 had a on which resulted in a of the C- Spine and sent out to the hospital.
Review of the 1823 most current form dated / / documented Resident #4 was alert and orientated times three, needing supervision for all Activities of Daily Living except independent with eating.
Interview with the Administrator on at 1:15 PM regarding resident #4 stated an adverse incident was not done or an incident report. The Administrator stated that Resident #4 was transferred from the hospital to the hospital rehab floor on and stated he expired in the chair on . She also stated the on when he re-injured an old of the C-Spine.
Class III
CCR# 2015004650

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunrise Senior Village Assisted Living
11722 North 17th Street
Tampa, FL 33612

RE: CCR #2015004650 & 2015005302

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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