STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965300	07/31/2015
NAME OF PROVIDER OR SUPPLIER **GOLDEN SUNSET**	STREET ADDRESS, CITY, STATE, ZIP CODE **5019 MAGPIE DRIVE** **NEW PORT RICHEY, FL 34652**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

Golden Sunset, assisted living facility, had deficiencies found at the time of the visit.

A Standard Biennial Survey was conducted on [illegible].

0008 Admissions - Health Assessment

Based on record review and interview, the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) failed to contain all the information required for two of three residents reviewed (Residents #1 and #4).
Findings Included;
Review of Resident #1 ' s Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated [illegible], revealed that page 2 was missing required information concerning Activities of Daily Living and Special Diet Instructions. Section C was missing information regarding communicable [illegible], status of being bedridden, presence of pressure sores and whether the resident requires 24 hours nursing or [illegible] care. Section D was missing a statement as to whether the resident ' s individual needs can be met in an assisted living facility.
Review of Resident #4 ' s Resident Health Assessment (AHCA Form 1823) dated [illegible] revealed that on page 4, that lists current medications required for the resident (it was noted in this section: see attached), no medication attachment was included with the health assessment.
An interview with Staff member A on [illegible] at 1:30 PM took place and staff member A verified that the pages were missing for Resident #1 ' s and Resident #4 ' s Resident Health Assessments (AHCA Form 1823).

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to ensure that one of two residents (Resident #1) reviewed failed to have a face to face medical examination by a health care provider at least every 3 years after the initial assessment.

Findings Include:

Review of Resident #1 ' s last current Resident Health Assessment for Assisted Living Facilities (AHCA

AGENCY FOR HEALTH CARE ADMINISTRATION

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Form 1823) revealed the date of [illegible] Resident #1 was admitted to the facility on [illegible] with diagnosis of [illegible] and [illegible]. Additionally, a review of the medical record revealed that the initial AHCA Form 1823 was not there as the file was "thinned" and unavailable to review.
An interview with Staff member A on [illegible] at 1:30PM verified that she did not know that a current Resident Health Assessment (AHCA Form 1823) for resident #1 was not in the chart.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to ensure that medications were being provided appropriately for one of one (Resident #4) residents observed receiving assistance with self-administration of medication.

Findings Include:
Review of Resident #4 ' s Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) [illegible] revealed that Resident #4 needs assistance with Self-Administration of Medications, and is independent with all activities of daily living.
Observation of Staff member B on [illegible] at 12:08 PM during the medication observation for Resident #4 revealed that he unlocked his medication cart and compared the MOR to the pre- bubble packed medications labels from the pharmacy. He brought the bottle of [illegible] 10 MG and pre- packed medication in the bubble packs from the pharmacy of [illegible] 400 MG, Sufasalanzine 500 MG and Ferrocile 324 MG to the dining [illegible] Resident #4 was eating lunch. Staff member B then explained the medications to Resident #4. Staff member B tore off the medications from the pre-packed bubble pack and handed it to the resident to open the medication out of the pre- bubble pack. The resident had a hard time opening the package and one medication [illegible] to the floor. Resident #4 then picked up the [illegible] medication and put it in his mouth. Resident #4 drank the beverage that was on the dining [illegible] and finished taking the other two medications. Staff Member B then handed the bottle of [illegible] to the resident. Resident#4 took the medication out of the bottle, and took 1 tab of the medication. Based on this medication observation, Staff member B failed to assist Resident #4 with self-administration of medication.
An interview with Staff member B on [illegible] at 12: 15 P.M. regarding Resident #4 ' s medication observation revealed he always does it that way.
Class III

0081 Training - Staff In-Service

AGENCY FOR HEALTH CARE ADMINISTRATION

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

Based on interview and record review, the facility failed to ensure that 1 (Staff B) of 3 employee records reviewed contained proof of required in-service training in the subject entitled, " Recognizing and Reporting Resident , Neglect, and ".

An employee record review was conducted on /. During this review, it was discovered that Staff B ' s file did not contain proof of training concerning recognizing and reporting , neglect and (, Neglect and).

Staff B provides direct care to residents and on /, was observed assisting a resident with self-administration of medications.

An interview with Staff A took place at 1:30 P.M. concerning Staff B ' s training for , Neglect, and . Staff A was asked to show proof of training in this area. Staff A reviewed Staff B ' s file and stated that there is no training certificate for , Neglect and .

Staff B ' s employment began on /. Employees who provide direct care to residents are required to receive in-service training in , Neglect and within 30 days of employment.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure that 1 (Staff C) of 3 employee records reviewed contained proof of training on the facility ' s policy and procedures concerning .

Findings include:

During an employee record review conducted on /, it was discovered that Staff B ' s personnel file did not contain proof of training for the facility ' s policies and procedures regarding ( ).
An interview with Staff A took place at 2:07 P.M. concerning Staff C ' s personnel file. Staff A was asked to show proof of the employee ' s training regarding . Staff A stated that there is no training certificate.

According to an interview with Staff A, Staff C has been an employee of the facility since 2011 (exact date employment began is unknown). Employees are required to have training concerning the facility ' s policies and procedure regarding within 30 days of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0093 Food Service - Dietary Standards

Based on interview and observation, the facility failed to maintain a sufficient 3-day supply of non-perishable food to be used in the event of an emergency.

Findings include:

During a review of the facility ' s dining and food service program on [redacted], the facility ' s emergency food supply closet was observed. Staff A was interviewed and she stated that she keeps the emergency food with the facility ' s regular food supply.

A review of possible, non-perishable emergency food supplies showed 3 1/2 multi-packages of Ramen Noodle Soup (equaling 32 soup servings). There were 5 boxes of a dry mix for Creamy Broccoli Tuna with Noodles plus 5 cans of tuna fish equaling 25 meals. There were assorted cans of vegetables and a full box of cereal but an inadequate supply of meals to feed 6 people for 3 days in the event of a local disaster or emergency.

Staff A was interviewed at 11:00 A.M. At this time the inadequate emergency supply of food in storage was reviewed with her. Staff A stated that she goes shopping once a week for food. Staff A inquired about utilizing and replacing emergency food items that were about to expire.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Sunset
5019 Magpie Drive
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a biennial state licensure 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. **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

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