STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911196	10/12/2015
NAME OF PROVIDER OR SUPPLIER **SUGARMILL MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8985 S. SUNCOAST BLVD.** **HOMOSASSA, FL 34446**	

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

0000 Initial Comments

On , 2015 a complaint investigations were conducted for CCR# 2015007371 & 8134 at Sugarmill Manor in Homosassa FL. Based on this investigation the facility was not in compliance at this time.

0010 Admissions - Continued Residency

Based on record review and staff interview, the facility failed to have a face-to-face medical examination by a health care provider after a significant change for 1 of 2 sampled Residents (#2, and #6) sampled.

Findings include:
On at 3 PM conducted a record review on resident #2's Health Assessment form (1823). Hospice services began on and the current 1823 is dated / .
On at 3:40 PM interviewed the Assistant Administrator (F). She stated she did not know that the 1823 had to be updated when there is a significant change in a resident's health status.

0030 Resident Care - Rights & Facility Procedures

Based on record reviews and interviews the facility failed to honor a 45 day notice discharge for 1 of 3 residents for resident #10.

Findings:

On at approximately 1:19 PM during an interview with the Administrator resident #10 was not allowed to return to the facility from the hospital because he was no longer appropriate due to numerous , and being unable to manage his financial affairs. According to the Administrator prior to him having his last she tried to get him moved to a higher level of care. However the skilled nursing facilities that reviewed his care needs would not accept him because he only received 300.00 dollars a month and did not have Medicaid. She stated he was given three 45 day notices, the last one was dated which states "We have been caring for you without pending Medicaid approval. At this time the facility is unable to continue caring for you without help from the Medicaid Program " . The Administrator stated that the Advanced Registered Nurse Practitioner agreed that the facility could no longer meet resident #10's needs due to his constant falling (ARNP unavailable for comment).

On a record review of resident #10's 1823 health assessment dated states "yes" that the individual's needs can be met in an assisted living facility which is not a medical, nursing or facility. According to Resident #10's health assessment the resident was appropriate for the

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facility.

According to the 45 day notice which was dated the resident had until to move out of the facility. The resident was refused admittance back into the facility on / according to the hospital complainant, which is less than 45 days after the notice.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sugarmill Manor
8985 South Suncoast Boulevard
Homosassa, FL 34446

RE: CCR #2015007371 & 2015008134

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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