AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	10/29/2015
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

Three complaint investigations (CCR# 2015008445, CCR# 2015008442, and CCR# 2015009738) were conducted at Sunrise Senior Village Assisted Living on & . The Sunrise Senior Village Assisted Living had deficiencies at the time of the investigations.

0010 Admissions - Continued Residency

Based upon record review, observation & interview, the facility failed to ensure an updated medical evaluation was obtained for changes in condition for one resident (#8) who appears to require more services than the facility is able to provide.

Findings include:

A review of the record for resident #8 revealed the health assessment (AHCA form 1823) on file dated had not been updated to reflect changes in this residents condition. The health assessment noted diagnosis of general , advanced ; leucocytosis, , & . The health assessment also indicated that resident #8 is independent with all activities of daily living with exception that she required supervision of bathing & dressing. Resident #8 was recently admitted to Hospice Care on with a diagnosis of .

During interviews with staff (2:20pm) it was stated that resident #8 had declined in abilities greatly in the past year since 2 close friends of her at the facility. The staff stated that the resident, previously a registered nurse, used to watch over her friends. Staff reported resident #8 doesn't eat often & receives a nutritional shake three times daily. The staff stated other residents become annoyed with her.

During observations of resident #8 on & she was observed to constantly wander around the facility, who required frequent verbal prompts & encouragement to sit down to eat although she would get up from the table after a minute.

Class III

0030 Resident Care - Rights & Facility Procedures

AGENCY FOR HEALTH CARE ADMINISTRATION

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	AL11942892	10/29/2015
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)

Based on record review and interviews the facility failed to ensure that 1 of 1 (#4) residents social security checks were forwarded after the resident was no longer living at the facility.
The facility failed to send the resident a prorated refund for the days the resident no longer lived at the facility.

Findings include:

During a review on at 10:00 AM of Resident #4 records it was revealed the resident was admitted to the facility on / and was discharged from the facility on /. The resident has not received her a prorated refund for the days the resident did not live at the facility. The facility was receiving long term care insurance payment, the residents social security check and monthly.

The resident's social security checks that had been going to the facility for the residents monthly care and services have not been forwarded to the residents new address or returned to the social security office.

The resident's POA and family member stated on (10:00am) that she had an appointment with social security office on /.

During a subsequent phone interview with the Resident's POA/family member on at 11:00am / / the POA stated that the person she had the meeting with from Social Security stated that they sent the Residents check for 1015, 2015 , 2015 and 2015 to the facility. The checks have not been forwarded to the resident or responsible party and the social security has not had any of the checks returned. The resident's sister stated she has not received any documentation from the facility of a claim against the refund.
During a record review of the Residents record unopened mail was found stored in the residents file.
The administrator stated she did not know why the mail had not been forwarded and a medical card for medication was not given to the POD at the time the Resident moved out.

Class III

0054 Medication - Records

Based upon record review & staff interview, the facility failed to ensure that 2 of 2 residents reviewed (#1 & 6) received their medications as ordered.

Findings include:

AGENCY FOR HEALTH CARE ADMINISTRATION

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	AL11942892	10/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE SENIOR VILLAGE ASSISTED LIVING	**11722 NORTH 17TH STREET TAMPA, FL 33612**

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

1. A review of the medication record for 2015 for resident #1 revealed that on the MOR had not been annotated that the resident received his 20mg. at Bedtime. No explanation was noted on the reverse side of the MOR. During interview with a med tech staff at about 11:50am stated she recalled something about the medication being misplaced in another residents section of over-flow medications.

2. A review of the medication record for resident #6 revealed that the resident did not receive his 50mg. to be given 1 tab at bedtime on though /. The reverse side of the MOR indicated they were "awaiting orders". The staff interviewed (2pm) confirmed that the resident was out of medications for a few days.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November ..., 2015

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

RE: CCR# 2015008445, CCR# 2015008442, & CCR# 2015009738

Dear Administrator:

This letter reports the findings of three complaint surveys that were conducted on 28-29, 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 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.

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

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/kpr

Enclosure: State Form 5000-3547