RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sumter Place in the Villages
1550 Killingsworth Way
The Villages, FL 32162

**RE: CCR #2015008987**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

XG90

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968334 | 10/26/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**SUMTER PLACE IN THE VILLAGES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1550 KILLINGSWORTH WAY**<br>**THE VILLAGES, FL 32162** | |

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

**0000 Initial Comments**

An unannounced complaint survey #CCR2015008987 was conducted on at Sumter Place In The Villages. Deficient Practices were identified at the time of the survey.

**0052 Medication - Assistance with Self-Admin**

Based on record review and interview on , 2015 the facility failed to ensure that 1 of 3 residents (resident #1) medication was administered appropriately.

Findings:

An observation of Resident #1 Medication Observation Record (MOR) for and 2015 showed that the resident received by mouth the medication dosage of 12.5 MG and 25 MG. The resident was to receive the medication 12.5 MG only.

A review of Resident #1 medication reconciliation report dated / showed that the medication 25 MG twice a day was not to be resumed. 12.5 was to be administered by mouth every 12 hours.

An interview was made on at 2:12 PM with the DON who confirmed that Resident # 1 received two different doses of the , medication , 12.5 MG and , 25 MG by mouth on and , and , and the AM dose on 9.