STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	11/16/2015
NAME OF PROVIDER OR SUPPLIER **SUN COAST RETREAT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8151 TREELET COURT** **NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility Complaint

Two unannounced complaint surveys (CCR# 2015009014 & CCR# 2015010789) were conducted at Sun Coast Retreat on / . The Sun Coast Retreat, Assisted Living Facility, had deficiencies at the time of this visit specific to CCR# 2015009014; CCR# 2015010789 was not substantiated and no deficiencies were cited relative to this complaint.

0123 Fiscal - Resident Trust Funds

Based on observation, record review, and interview, the facility failed to ensure that funds which are received by the facility belonging to or due to a resident, or expendable for his or her account, are kept separate from the funds of other residents, specifically credited to such resident, and expended only for the account of the specific resident. The facility failed to maintain separate written accounting for each resident ' s trust funds that include income and expense records of the trust fund, including the source and disposition of the funds.

Findings include:

Per / record reviews and interviews with the Assistant Administrator and Administrative Assistant, the facility ' s in-house census on / was 79 residents, with 20 residents receiving Optional State Supplemental ( ) funding.
Per / / interviews with the Assistant Administrator and Administrative Assistant, all resident spending allowances are pooled monthly into one " Petty Cash " fund administered by Staff A. Per interview with the Assistant Administrator and Staff A, the facility does not maintain accounting of individual resident spending money/allowances, but residents do sign monthly sheets whenever they receive cash. Surveyor observed and reviewed monthly signature sheets used by the facility for all residents to sign when they receive money. Per Surveyor review, individual resident " Statements " maintained by the facility computer do not account for disposition of residents ' spending money/allowances, and individual resident " Statements " do not correlate with monthly money disbursed per signature sheets (for 4 of 4 accounts reviewed - #2, #3, #4, & #5.) There is no indication that residents are receiving the required $54.00 monthly allowance (for 3 of 3 recipient accounts reviewed - #2, #3, & #4.)
Per / / review, Resident #2 ' s Statement dated / includes / Cost of Care, plus Resident Allowance($54.00), minus payment, minus Resident payment, leaving zero balance as of / ; / Cost of Care, plus Resident Allowance($54.00), minus SSI (Supplemental Security Income) payment, minus SS (Social Security) payment, minus payment, leaving zero balance as of

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; I/ Resident Allowance ($54.00), plus Cost of Care, minus SSI payment, minus SS payment, minus payment, leaving zero balance as of ; Resident Allowance ($60.00) added to account ; Payment from Resident ($60.00) , leaving zero balance as of ; I/I/ Resident Allowance($54.00), plus Cost of Care, minus SS payment, minus SSI payment, minus payment, leaving zero balance as of I/ /.

Per I/ / review of facility ' s monthly signature sheets dated from I/ through I/ , Resident #2 was not provided any cash Allowance during , 2015; not provided any cash Allowance during ; 2015; provided $108.00 on I/ .; provided $45.00 on (" 3 packs " & illegible signature next to entry), provided $40.00 on I/ ., and provided $20.00 on ; provided $54.00 on I/ I/ .

Resident #2 ' s Statements do not correlate with monthly money disbursed per signature sheets. There is no indication that Resident #2 is consistently receiving the required $54.00 monthly allowance.

Per I/ review, Resident #3 ' s Statement dated I/ / notes DCF/APS admission, includes I/ Cost of Care, minus payment (source not provided), leaving zero balance as of ; I/ Cost of Care, minus SS payment, leaving zero balance as of ; I/ Cost of Care, plus Resident Allowance($54.00), minus SS payment, leaving zero balance as of ; I/ Resident Allowance($54.00), plus Cost of Care, minus SS payment, leaving zero balance as of . Resident #3 was discharged from the facility on I/ .

Per I/ review of facility ' s monthly signature sheets dated from I/ through I/ , Resident #3 was provided $5.00 on I/ and $5.00 on ; $30.00 on , $5.00 on , $5.00 on and $5.00 a second time on , $10.00 on I/ , $3.00 on (cigarette listed in signature space), and $5.00 on ; $5.00 on , $5.00 on , and $5.00 on I/ ; or I/ . Resident #3 was discharged from the facility on I/ .

Resident #3 ' s Statements do not correlate with monthly money disbursed per signature sheets. There is no indication that Resident #3 is receiving the required $54.00 monthly allowance.

Per I/ / review, Resident #4 ' s Statement dated I/ includes I/ Cost of Care, minus SS payment, minus SSI payment, leaving zero balance as of ; I/ Resident Allowance ($105.00; source not provided), plus I/ I/ Cost of Care, minus SSI payment, minus SS payment, plus Cost of Care, minus bank payment, leaving zero balance as of I/ ; Cost of Care added , minus payment, leaving zero balance as of ; I/ Resident Allowance ($105.00; source not provided), plus I/ Cost of Care, minus SSI payment, minus SS payment, minus payment, minus payment from resident ' s account, leaving zero balance as of ; I/ I/ Resident Allowance ($105.00; source not provided), plus I/ Cost of Care, minus payment, minus payment from resident ' s checking account, leaving zero balance as of I/ ; I/ I/ Resident Allowance ($105.00; source not provided), plus I/ I/ Cost of Care, minus SSI payment, minus payment, minus payment from resident, leaving zero balance as of I/ .

Per I/ review of facility ' s monthly signature sheets dated from I/ through I/ , Resident #4 was provided $25 on ; not provided any cash Allowance during , 2015; not provided any

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cash Allowance during , 2015; not provided any cash Allowance during , 2015; and not provided any cash Allowance during , 2015, as of / .
Resident #4 ' s Statements do not correlate with monthly money disbursed per signature sheets. There is no indication that Resident #4 is receiving the required $54.00 monthly allowance or the $105.00 Resident Allowances listed as received by the facility for Resident #4.
Per / / review, Resident #5 ' s Statement dated / & provided by the facility on / includes monthly Cost of Care and equal Payments " from Family " & " From Daughter, " leaving zero balances monthly from / through / . There are no entries for Resident Allowance on any date from / through / .
Per / / review of facility ' s monthly signature sheets dated from / through / , used by the facility for all residents to sign when they receive money, Resident #5 was provided cash on: 7/3, 7/6, 7/8, , , , , , , , , & / ; 8/3, 8/8/5, 8/7, , , , , , , , , & / ; 9/2, 9/4, 9/8, 9/9, , , , , , , , , & ; 10/2, a second time on 10/2, 10/5, 10/7, / , , / , , , , , , ; 11/2, 11/4, 11/6, 11/9, & / .
There are no entries on Resident #5 ' s Statement indicating receipt and expenditures of the cash disbursements; no accounting of resident trust funds.
An exit interview was conducted on / / beginning at 3:30pm with the Assistant Administrator and the co-Assistant for Marketing & Personnel. The Assistant Administrator stated the need for a better computer accounting system package. The co-Assistant for Marketing & Personnel acknowledged understanding of the specific resident accounting needs and stated that the facility used to maintain individual resident accounts as required.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to ensure that Level II background screening pursuant to chapter 435 has deemed eligible for employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas. Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

On / beginning at 1:00pm, Surveyor selected 7 employees for record review of Level II

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background eligibility for employment. All 7 employees selected for review provide personal care or services directly to residents (79 in-house at time of visit) and have access to client funds, personal property, or living areas. Six of the 7 employee records contained Level II screenings deeming them eligible for employment. One of the 7 employees ' records contained an initial Level I screening and no 5-year update.
Per record review and interview, Staff A was hired on . Surveyor observed a Level I (One) screening in Staff A ' s record dated deeming employment eligibility and a signed Affidavit of Compliance dated . As of review, the facility failed to ensure Level II (Two) screening had been conducted as required -- Individuals for whom the last screening was conducted between through must be rescreened by . Also, Staff A had been due for 5-year updated screening by .
Per interview, record review, and observations on beginning at 9:45am and throughout day of visit, Staff A has direct contact with facility residents and is responsible for providing residents with their spending allowances. Per interview on at approximately 2:00pm, Staff A acknowledged being Level I (One) screened when beginning employment , not having been Level II (Two) screened, and not having 5-year updated screening.
Per review of AHCA Background Screening website on : Screening Received Date ; Screening Completion Date ; Eligible . The facility corrected the deficiency.

Unclassed

Z816 Background Screening-Compliance Attestation

Based on observation, record review, and interview, the facility failed to ensure that Level 2 background rescreening every 5 years has deemed eligible for continuing employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas.

Findings included:
On beginning at 1:00pm, Surveyor selected 7 employees for record review of Level II background eligibility for employment. All 7 employees selected for review provide personal care or services directly to residents (79 in-house at time of visit) and have access to client funds, personal property, or living areas. Six of the 7 employee records contained Level II screenings deeming them eligible for employment. One of the 7 employees ' records contained an initial Level I screening and no 5-year update.
Per record review and interview, Staff A was hired on . Surveyor observed a Level I (One) screening in Staff A ' s record dated deeming employment eligibility and a signed Affidavit of Compliance dated . Staff A had been due for 5-year updated screening by .

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Per interview, record review, and observations on / beginning at 9:45am and throughout day of visit, Staff A has direct contact with facility residents and is responsible for providing residents with their spending allowances. Per interview on / at approximately 2:00pm, Staff A acknowledged being Level I (One) screened when beginning employment , not having been Level II (Two) screened, and not having 5-year updated screening.
Per review of AHCA Background Screening website on / : Screening Received Date / ; Screening Completion Date / ; Eligible / . The facility corrected the deficiency.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Coast Retreat
8151 Treelet Court
New Port Richey, FL 34653

RE: CCR# 2015009014 & CCR# 2015010789

Dear Administrator:

This letter reports the findings of a 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 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
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St. Petersburg, FL 33701
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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