STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	04/01/2016
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

On , 2016, a biennial relicensure survey in conjunction with a complaint survey (CCR# 2016001063) was conducted at Sunrise Senior Village Assisted Living. The facility had deficiencies identified at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to show proof of a written statement from a health care provider documenting that individuals did not have any signs or symptoms of a communicable (Communicable Statements), within 30 days after beginning employment, for 4 (Administrator, Staff A, Staff B, and Staff C) of 5 employee records reviewed.

Findings included:

An employee record review was conducted on . A review of the Administrator's record showed a date of hire of , Staff A's record showed a date of hire of , Staff B's record showed a date of hire of , and Staff C's record showed a date of hire of .

A review of the records for Administrator, Staff A, Staff B, and Staff C showed an absence of Communicable Statements in all 4 records.

An interview was conducted with Administrator at 5:05 PM on concerning the missing Communicable Statements and she acknowledged that they weren't there.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to show proof of required in-service training, conducted within 30 days of employment, for 3 (Staff A, Staff B, and Staff C) of 5 employee records reviewed.

Findings included:

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

An employee record review was conducted on I/ . A review of Staff A's record showed a date of hire of , Staff B's record showed a date of hire of , and Staff C ' s record showed a date of hire of . I/ . Records indicated that Staff A, Staff B, and Staff C provided direct care to residents.

A review of Staff A's record showed a lack of training certificates in the subjects of incident reporting, ADL and behavioral needs, and elopement response training.

A review of Staff B's record showed a lack of training certificated in the subjects of incident reporting, ADL and behavioral needs, elopement response training, and recognizing and reporting , neglect, and , resident rights.

A review of Staff C's records showed a lack of training certificates in the subjects of incident reporting, emergency preparedness and evacuation, and nutritional and safe food handling.

An interview was conducted with the administrator at 5:05 PM on I/ concerning the lack of training certificates for Staff A, Staff B, and Staff C and she acknowledged that the training certificates were not there.

Class III

0090 Training -

Based on interview and record review, the facility failed to show proof of training (Training), conducted within 30 days after employment, for 3 (Staff A, Staff B, and Staff C) of 5 employee records reviewed.

Findings included:

An employee record review was conducted on I/ . A review of Staff A ' s record showed a date of hire of , Staff B's record showed a date of hire of , and Staff C's record showed a date of hire of . I/ . Records indicated that Staff A, Staff B, and Staff C provided direct care to residents.

A review of Staff A's, Staff B ' s, and Staff B's records showed an absence of certificates for Training.

An interview was conducted with the administrator at 5:05 PM on I/ concerning the lack of certificates for Training and she acknowledged that the certificates were not there.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	**04/01/2016**
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)

Class III

0161 Records - Staff

Based on interview and record review, the facility failed to show copies of job descriptions for each staff member for 3 (Staff A, Staff B, and Staff C) of 5 employee records reviewed.

Findings included:

During an employee record review conducted on I/ , it was discovered that Staff A's, Staff B s, and Staff C' s records did not contain job descriptions. The facility had a licensed capacity of 116 residents.

An interview was conducted with the administrator at 5:05 PM on I/ concerning the lack of job descriptions for Staff A, Staff B, and Staff C. The administrator acknowledged that the job descriptions were not in the employees ' files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016001603 & Biennial

Dear Administrator:

This letter reports the findings of a complaint and a biennial state licensure survey that was conducted on , 2016 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 , 2016.** 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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PRC/clt
Enclosure: State (5000-3547) Form
XG90