AGENCY FOR HEALTH CARE ADMINISTRATION

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

A complaint investigation (CCR# 2016001603) was conducted at Sunrise Senior Village Assisted Living in conjunction with a biennial relicensure survey on , 2016. The facility had deficiencies identified at the time of the visit.

0025 Resident Care - Supervision

Based on interview and record review, the facility had not maintained any relevant documentation pertaining to the discharge of one (#1) of one terminated resident sampled.

Findings included:

A review of resident files during the investigation revealed that Resident #1 had been given an initial discharge notice , and a subsequent notice / . In an interview with the administrator on / at 11am, she stated the reason was due to nonpayment. She added that "she had been in involved with this situation since --when it became apparent that the resident would not be able to pay for his stay within a limited time frame." She added that although the resident had a short term financial influx, this had become exhausted. Other than the above-mentioned notices, review of the resident's file found no documentation pertaining to any of this. Interview with the administrator at 12:40pm on / provided no explanation for this omission.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility had not provided a 45-day notice of residency termination that included the reason(s) with respect to one of two residents sampled (#1) who had been given a discharge notification within the last 120 days.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of Resident #1's file during the investigation found a termination notice from the facility to the resident's co-POA dated stating "the purpose of this letter is to inform you that effective the 22nd day of 2015, (resident) has been issued a 45-day notice to vacate Sunrise Senior Village..." Review of the second letter dated stated that same thing; neither document indicated what the reason or reasons for termination were. Interview with the administrator at 1:15pm on verified that no letter stating specific reasons had been mailed to Resident #1's co-POA.

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
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
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