RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Gardens Crystal River LLC
311 4th Avenue Northeast
Citrus Springs, FL 34434

RE: Biennial Licensure & CCR #2016001326

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 , 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 this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968316	04/22/2016
NAME OF PROVIDER OR SUPPLIER **SUNSHINE GARDENS CRYSTAL RIVER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 4TH AVE NE** **CITRUS SPRINGS, FL 34434**	

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

0000 Initial Comments

REVISED on : Deficiency A-0076 was replaced with A-0090.

An unannounced Biennial Licensure and Complaint (CCR#2016001326) survey was conducted at Sunshine Gardens Assisted Living Facility in Crystal River, Florida on . Deficiencies were identified during the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to maintain resident's right to privacy in 1 of 6 residents reviewed. (Resident # 1).

Findings:

During the initial tour on at 7:02 AM, a rocking chair was observed at the entry to Resident # 1's opening the door. On at 12:10 PM, it was observed that Resident # 1 was out of his the rocking chair was present at the inside entry of his door again. (Picture evidence)

On at 11:03 AM, an interview was conducted with Resident #1 who expressed, "We have very little privacy." He stated that locks are broken. He stated, "I pull my rocking chair to the entry to my ; one gentleman continuously opened the door and he learned (to knock) ...he knocked." Additionally, he reported finding a female resident in his bed.

On at 12:10 PM, an interview was conducted with Staff B. When asked if she knew why Resident #1 places the rocking chair there, she stated, "It makes him feel secure." When asked, "Does he do that all the time?" She stated, "Yes."

On at 12:15 PM, an interview was conducted with The Administrator. When asked if Resident #1's , she confirmed that it does from the inside. This writer requested that she demonstrate and when she attempted to lock the door from the inside, the lock would not turn. She stated, "That's right, his needs to be replaced. Nope, his does not."

Class III

0052 Medication - Assistance with Self-Admin

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Based on observation, record review, and interview, the facility failed to provide 1 of 7 residents (Resident #6) observed during Medication Passage, the proper assistance during sugar checks.

Findings:

Observation of Resident #6 during Medication Provision on at approximately 8:00 AM, revealed the resident did not receive a meter which was turned on and ready to test her sugar level. The Medication Technician gave the resident the meter which she had already turned on, then gave the resident, the preparation pads to swab the fingertip. Then she gave her the stick to prick her finger. The meter would not accept the drop. After determining what caused the meter to , the resident was instructed to swab another finger and stick another finger. Then the Medication Technician provided a properly timed/turned on meter. The resident had to prick herself 2 separate times because the Medication Technician allowed the meter to time out, the first time.

During an interview with the Medication Technician on at approximately 8:15 AM, she confirmed the meter had not been turned on to provide proper timing for checking the droplet.

Review of Resident # 6's Medication Observation Record, showed it states, "Test sugar level on Monday, Wednesday and Friday in the morning before breakfast." Review of Staff D (Medication Technician's) training, showed there was no specific training for the testing of sugar levels. The resident's care plan states " sugar is taken every other morning ... before she eats or drinks anything." No further information was provided at this time.

During an interview with the Administrator on at approximately 11:00 AM, she confirmed there was no facility policy nor training objectives for using the meter or training staff to use the meter.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure a newly hired staff provided a written statement from a health care provider documenting that the individual did not have any signs or

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symptoms of communicable for 1 of 3 records reviewed. (Staff A)

Findings:

Based on a review of the employee record on , Staff A failed to provide a written statement documenting that he is free from signs or symptoms of communicable , and the facility failed to follow up and ensure documentation was present in his employee record.

On at 09:28 AM, an interview was conducted with The Administrator who confirmed there was no statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . She stated, "I'm gonna fax over to them to request that they use my paperwork, not theirs. "

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide and maintain documentation of required in-service training for 1 of 3 records reviewed. (Staff A)

Findings:

Based on review of the employee record on , there was no documentation of completion of the following required in-service trainings:
1. Control
2. Activities of Daily Living (ADL) and Behavioral Needs
3. Elopement Response
4. Emergency Preparedness and Evacuation Training
5. Incident Reporting
6. Resident Rights
7. Recognizing/Reporting , Neglect, and
8. Nutritional and Safe Food Handling

On at approximately 9:30 AM, an interview was conducted with the Administrator who confirmed Staff A's employee record was in fact missing documentation of required in-service trainings, including the above mentioned.

Class III

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0082 Training -

Based on record review and interview, the facility failed to provide and maintain documentation of required ( ) in-service training for 1 of 3 records reviewed. (Staff A)

Findings:

Based on review of the employee record for Staff A on , there was no documentation of completion of required in-service training.

On at approximately 9:30 AM, an interview was conducted with the Administrator, who confirmed Staff A's employee record was in fact missing documentation of required in-service training.

Class III

0090 Training -

Based on record review and interview, the facility failed to provide and maintain documentation of required ( ) in-service training for 1 of 3 records reviewed. (Staff A)

Findings:

Based on review of the employee record on , there was no documentation of completion of in-service training for Staff A.

On at approximately 9:30 AM, an interview was conducted with the Administrator who confirmed Staff A's employee record was in fact missing documentation of required in-service trainings, including the training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that the door lock was maintained in good working order for the 1 of 6 residents (Resident #1).

Findings:

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Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview, the facility failed to ensure a level II background screening was conducted through the agency for an employee providing direct care to memory care residents for 1 of 3 records reviewed. (Staff A)

Findings:

On , an employee record review was conducted for Staff A, and no level II background screening was present. The background screening status stated, "A New Screening Is Required." In addition, it indicated, "Prints Not Retained."

On at 0859 AM, an interview was conducted with the Administrator who reported he (Staff A) needs a new one and reported she does not have the original background screening. She further reported he (Staff A) went Tuesday or Wednesday of this week and was supposed to bring her the paperwork back in. The Administrator reported Staff A had a background screening when he started. She confirmed he (Staff A) provided a copy of it, because he had already done his fingerprints for CNA school, but when she checked she told him it says he's only eligible for CNA. So, she reported she sent him again and it didn't come back. She stated, "Actually I didn't notice until last week when I was auditing my charts."

Unclassified

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