STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	07/05/2016
NAME OF PROVIDER OR SUPPLIER SUNSHINE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 18TH STREET SARASOTA, FL 34234	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016003017 was conducted beginning on through / at Sunshine Meadows, an Assisted Living Facility (license number 9060) in Sarasota, Florida.

The complaint contained 1 allegation(s), of which 1 was substantiated with deficiency. The following is a description of the deficiency:

0123 Fiscal - Resident Trust Funds

Based on record review and interview, the facility which holds resident's money for safekeeping, failed to ensure the money was provided only to the person for whom it was held, unless instructed differently by the resident for 1 of (Resident #4) of 4 residents sampled.

The findings included:

Record review revealed Resident #4 was admitted on / /. Resident #4 was sent to Sarasota Memorial Hospital on / and never returned to the facility.

A review of the business office file for Resident #4 showed an approval of dated / / showing Resident #4 was approved effective / / .

Review of the Residents Fund Log for Resident #4 revealed:
/ : $108 was deposited and 5 withdrawals made so balance was $8 on .
/ : $54 deposited, balance now $62. 4 withdrawals made, balance $0.00 on / .
/ / : $54 deposited. 4 withdrawals made totaling $54, balance $0.00 on / .
/ : $54 deposited. 5 withdrawals made totaling $54, balance $0.00 on .
/ : $54 deposited. 3 withdrawals made totaling $54, balance $0.00 on .
/ / : $54 deposited, no withdrawals. (Resident #4 was hospitalized on)
: $54 deposited, no withdrawals.
/ / : $54 deposited, no withdrawals, balance now $162.
/ / : $162 withdrawn, balance $0.
All withdrawals had a signature in the resident initials section of the Resident Funds Log for Resident #4. Not all of the signatures looked alike.

On / and again on / at 10:00 a.m. and 2:00 p.m., the Executive Director (ED) stated, "He did not come to the building with [Optional State Supplement]. He came diverted from a SNF [Skilled Nursing Facility] and they don't get in a SNF, so when he came here we applied for ."

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NAME OF PROVIDER OR SUPPLIER **SUNSHINE MEADOWS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1809 18TH STREET** **SARASOTA, FL 34234**	

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

The Executive Director revealed the facility returned to Social Security Administration the $693.00 received for , , , / and / but inadvertently deposited the $54 per month for / , / and in resident's trust fund.

The ED said, on / Resident #4 ' s sister came and withdrew $162 and signed the resident's name. The ED said the sister either had a written note or the resident had called the business office and gave verbal permission for the sister to pick up the money on his behalf. The ED verified there was no written note in the record, nor any note documenting an authorizing call from the resident.

The ED said the through funds were funds the resident was not eligible to receive, since he no longer resided in the facility. In addition, on / / the facility again inadvertently issued a quarterly statement to the resident stating he had a balance of $54.
The ED said during the Ombudsman complaint the facility was discovered to have sent this statement and also to have deposited the $54.00 for 2015. They had no documented disposition for the funds. Because of this, the facility mailed a money order to the resident for $54.00 on / / .

The ED verified the Received Payments print out, provided on / , showed the $54.00 as being received on behalf of the resident on / . The ED verified this deposit of $54.00 was not recorded on the resident's fund log, and she had no record of disbursement other than the money order from / .

The ED said she thought the resident was admitted to the SNF sometime in . Once the resident was admitted to the SNF the and payments should have been returned to the State of Florida.

On / at 12:30 p.m. a call was made to Resident #4. He said he wants to go to Georgia to live near friends. He stated, " I need my money. This is bull*@#!, crazy - giving money to the wrong person is criminal activity. Forging his name is criminal..... " He said he did not give his sister permission to pick up his money either in writing or verbally and he wants paid now. He also verified he was admitted to the SNF in of 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, Florida 34234

RE: Amended

Dear Administrator:

Enclosed you will find the State (5000-3547) form showing the revision of A123 for a complaint survey completed for an Assisted Living Facility on .

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 (239) 335-1315.

Sincerely,

Laura Weeks for
Jon Seehawer, RN
Field Office Manager

J/arb
Enclosures: Amended State (5000-3547) form

2727 Mahan Drive • Mail Stop #
Tallahassee, FL 32308
AHCA.MyFlorida.com

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