RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sugarmill Manor
8985 S. Suncoast Blvd.
Homosassa, FL 34446

RE: CCR #2016005801

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 Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911196	07/28/2016
NAME OF PROVIDER OR SUPPLIER **SUGARMILL MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8985 S. SUNCOAST BLVD.** **HOMOSASSA, FL 34446**	

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

0000 Initial Comments

On , an unannounced complaint survey (CCR #2016005801) was conducted at Sugarmill Manor Assisted Living (Licence # 5561). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain omitted information and ensure accuracy of Resident Health Assessment (AHCA Form 1823) for 1 of 3 residents (Resident #8).

Findings:

On , a record review was conducted on Resident #8's 1823 Resident Health Assessment (AHCA Form 1823), which revealed the following sections incomplete: Section 1A, Activities of Daily Living, no comments were entered for bathing, dressing and eating, which were marked that supervision is required. Section 1 Physical or Sensory Limitations was blank.

On at 12:00 PM, an interview was conducted with the Administrator who confirmed the form was incomplete. She stated, "The 1823 is not complete. I was taught that there are not supposed to be blanks on the form."

Class III

0055 Medication - Storage and Disposal

Based on record review and interview, the facility failed to return all medications belonging to an expired resident to the resident's family, and the facility failed to document disposal of an expired resident's medications in the resident's record for 1 of 1 residents reviewed. (Resident #7).

Findings:

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On , a record review was conducted of the discharge summary dated , and it revealed Resident #7 expired under Hospice care.

On at 12:36 PM, a family interview was conducted with Resident #7's son. He reported that her medications should have been returned to the pharmacy in Brooksville unopened. He denied receiving any of the medications when the resident expired.

On at 12:42 PM, an interview was conducted with the store manager at the pharmacy. He reported the pharmacy did not dispose of Resident #7's medications. He reported he was not aware that the resident expired.

On , a record review was conducted of Resident #7's Medication Observation Record (MOR) for 2016 that showed that Resident #7 did have the pharmacy in Brooksville as her pharmacy provider.

On , a record review was conducted of Resident #7's medical record, and there was no documentation of disposal of Resident #7's remaining medications including: .5 mg, 25 MG, D, - , 25 mg/37.5 mg, 10 mg, DOC-Q-Lace 100 mg, milk of magnesia, and polyethylene 3350.

On at 2:47 PM, an interview was conducted with the Administrator. The Administrator was asked to show in the record where it is documented that the medications for Resident #7 were sent back to the pharmacy. She reported, "It probably wasn't. I couldn't tell you. We would have just sent it back to the pharmacy." She then asked if the facility is supposed to document this. She stated, "It's not something we've ever done, but makes perfect sense now that I'm saying it out loud. I've never known that."

Class III

0057 Medication - Over The Counter (OTC) Products

Based on interview and record review, the facility failed to properly label a medication for 1 out of 2

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medication carts.

Findings:

During a medication review at 11:30 AM on [redacted], a medication bottle filled with red pills was found in the South wing medication drawer. Pill bottle was labeled in hand written ink, "[redacted] back pain." (Photo Taken)

An interview was conducted on [redacted] at 11:30 AM with Staff C, who confirmed there was no name on the bottle. Staff C stated, "I don't know who they belong to." Staff C then took pills to the administrator's office.

In an interview with the Administrator, at 12:00 PM on [redacted], the administrator stated, "No unlabeled medications are supposed to be on the carts. These medications are not supposed to be there. It looks like a family member may have brought them in. I have never seen them before."

Class III