STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	R
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

A follow-up to complaint survey, CCR #2016003017 was conducted on at Sunshine Meadows, an Assisted Living Facility, (license # 9060) in Sarasota, Florida.

The deficiency was not corrected and was recited.

The following is a description of the deficiency.

0123 Fiscal - Resident Trust Funds

Based on interview and record review, the facility failed to provide 1 (Resident #4) with a refund of funds held in trust for the resident.

The findings included:

1. The facility provided information showing a letter dated and included a check for $54.00. The letter stated "Please consider this your final disposition of monies in the amount of $54.00 from Sunshine Meadows Assisted Living Facility."

On / , at 10:45 a.m., the Administrator said the information given in the previous deficiency was incorrect. The person who released the money was not present in the facility was off on sick leave. Because of this she told the surveyor the wrong information. She said when the Office Manager returned, she told the Administrator (confirmed with the office manager), the sister came into the facility on / to get Resident #4's money, but Resident #4 was in the car. The Office Manager went out to the car and had the resident sign for the money. As a result, they did not write a check for the $162.00 as they felt the resident had already received that amount. They felt the amount in question was only the last month which was $54.00.

2. A visit was made to the Resident #4's current Skilled Nursing Facility. On at 2:45 p.m., the social worker at the facility said the resident had arrived there on . The only times the resident had left the facility were for . She further stated the facility has a sign out log for social trip and this residents log was empty. The document was reviewed and there was nothing to indicate the resident had ever left the building. A review of the resident's progress notes for the period of through / revealed there was no documentation stating the resident had left the building except for 1 trip to the hospital. This resident required specialized transportation to go to the center which required special arrangements to make.

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

BBT7

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