STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911452	09/29/2016
NAME OF PROVIDER OR SUPPLIER **SUN CITY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3855 UPPER CREEK DRIVE** **RUSKIN, FL 33573**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2016007724 & CCR# 2016008280) were conducted on / / at Sun City Senior Living. A deficiency was identified relative to CCR# 2016007724.

(License # 7290)

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to follow their resident grievance policy and procedures and respond to a grievance.

Findings included:

On a review of the facility resident grievance policy and procedures was conducted. The grievance policy stated all grievances would be documented in the resident complaint and grievance log.
On a review of the resident complaint and grievance log was conducted. No grievances were documented.
The grievance policy and procedure stated an investigation would be initiated within 5 days of receiving the complaint and complete it within 30 days.
In review of resident #1 and #2 resident record an authorization for direct payment form was signed and dated on . The direct payment was not debited from the residents (#1 and #2) account. A verbal complaint was filed with the administrator approximately the end of , exact date not known.
An interview with the administrator was conducted on at 11:37am. The administrator stated being in contact with participant (J) and aware of the billing situation, but thought the corporate office had resolved it.
On a review of corresponding emails dated between , 2016 and , 2016 regarding the billing issue between the corporate office, administrator and participant (J) was conducted. The emails stated the facility and corporate office were aware of the billing issue. From the initial date of complaint in , 2016 until no resolution has been obtained.
The facility did not document the issue, investigate it within 5 days or complete it within 30 days, not following their resident grievance policy and procedure.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Sun City Senior Living
3855 Upper Creek Drive
Ruskin, FL 33573

RE: CCR# 2016007724 & CCR# 2016008280

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. 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 deficiency 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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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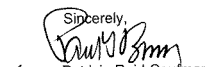
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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

PRC/kpr

Enclosure: State Form 5000-3547

XG90