RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Sun Coast
9111 Sw 28 Terrace
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	10/03/2016
NAME OF PROVIDER OR SUPPLIER **SUN COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **9111 SW 28 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Sun Coast (AL#7958) with Limited Nursing Services component had deficiencies at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to ensure that a face-to-face medical examination was conducted by a health care provider at least every 3 years after the initial assessment, or after a significant change as part of the continuing residency criteria for one out of 6 sampled residents (Resident # 6).

Findings included:

Review of Resident #6's record revealed that her last health assessment was completed on / and at that time she was already under hospice services, had no and required assistance with feeding and total assistance with the rest of the activities of daily living. At the time of the survey the resident required total assistance with the activities of daily living and had a on her right .

On at 12:15 PM Resident # 6 was observed being fed by Staff B; the resident was not able to feed herself.

On at 1:20 PM the Administrator stated that she did not know that she needed to make a new health assessment after 3 years or after a significant change and that she will get the doctor to complete a new one. She also stated that she had not done it because the resident had been on hospice for a long time.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility's administrator failed to participate in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Record review of the personnel file of the Administrator revealed that she did not complete 12 hours of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	**10/03/2016**
NAME OF PROVIDER OR SUPPLIER **SUN COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **9111 SW 28 TERRACE MIAMI, FL 33165**	

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

continuing education in topics related to assisted living every 2 years.

On at 10:50 am the Administrator stated that her consultant had told her that with the Register Nurse continuing education was enough.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the signed attestation of compliance for 4 out of 4 sampled employees (Staff A, B, C, and D).

Findings included:

Review of the facility staffing schedule revealed that there are four employees at the facility.

Review of the employee personnel files revealed that there were no signed attestations of compliance.

The Administrator stated on at 10:55 am that she did not know that the attestation of compliance was needed.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the facility staffing schedule revealed that there are four employees at the facility.

Review of the clearinghouse revealed that the facility had no employees listed on the roster.

On at 10:55 am the facility's Administrator stated that she will get her daughter to do it for her because she does not know how to update the roster on the clearinghouse.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	**10/03/2016**
NAME OF PROVIDER OR SUPPLIER **SUN COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **9111 SW 28 TERRACE** **MIAMI, FL 33165**	

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