STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	01/19/2017
NAME OF PROVIDER OR SUPPLIER **SUN TOWERS RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 TRINITY LAKES DRIVE** **SUN CITY CENTER, FL 33573**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, through , 2017, a biennial re-licensure survey with extended congregate care (ECC) was conducted at Sun Towers Retirement Community, assisted living facility (Lic# 4991). Deficient practice was identified during the survey.

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on records review and interviews, the facility failed to provide staff or contract with a registered nurse (RN) to participate in the development of resident Service Plans and perform Monthly Nursing Assessments for two of two extended congregate care (ECC) residents (#11 and #12).

Findings included:

A review of the facility's ECC binder of documentation and policies and procedures, at 10:45 am on / , revealed that there was no documentation designating a qualified RN to participate in ECC resident Service Plans or perform Monthly Assessments for ECC residents. At 11:00 am on / , a review of Monthly Assessment for ECC resident #11 revealed that they had all been signed by an licensed practical nurse (LPN) on staff. At 2:30 pm on / , a review of Monthly Assessment for ECC resident #12 revealed that they had all been signed by an LPN on staff.

In an interview with the facility's director of nursing (DON) at 11:30 am on / , DON stated that they had an LPN signing the Monthly Assessment and they were unaware that an RN was required to conduct them.

In an interview on / at 3:00 pm, the ECC Supervisor stated that the facility had not named an ECC Nurse who was qualified as an RN to participate in ECC Service Plans or conduct Monthly Assessments. ECC Supervisor stated that facility was going to name an RN to perform these duties and bring their ECC program into compliance.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910054	**01/19/2017**
NAME OF PROVIDER OR SUPPLIER **SUN TOWERS RETIREMENT COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 TRINITY LAKES DRIVE** **SUN CITY CENTER, FL 33573**	

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

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on records review and interviews, the facility failed to provide Service Plans for two of two extended congregate care (ECC) residents (#11 and #12) reviewed.

Findings Included:

A review of the facility's ECC Binder of documentation and policy and procedures, at 10:45 am on / , revealed that there was no documentation designating a qualified registered nurse (RN) to participate in Service Plans and perform Monthly Assessments for ECC residents.
A review of ECC resident #11's records was conducted at 11:00 am on / . There was no copy of an ECC Service Plan or any updated quarterly ECC Service Plans in the resident ' s records.
An interview with resident #11's power of attorney (POA) was conducted at 2:00 pm on / and the POA stated no recollection of ever seeing an ECC Service Plan or signing off on an ECC Service Plan, either initially or a quarterly update.
A records review of ECC resident #12's records was conducted at 2:30 pm on / . There was no copy of an ECC Service Plan or any updated quarterly ECC Service Plans in the resident #12's records.

In an interview with the ECC Supervisor at 3:00 pm, it was revealed that the facility did not have Service Plans for the ECC residents. The ECC Supervisor stated that they would be correcting the facility ECC program to comply with this requirement. The ECC Supervisor stated that the facility had not named an ECC Nurse who was qualified as an RN, and that they were unaware that it was a requirement.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Sun Towers Retirement Community
101 Trinity Lakes Drive
Sun City Center, FL 33573

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on , 2017, 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 , 2017.** 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure

XG90

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