STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	R 01/19/2017
NAME OF PROVIDER OR SUPPLIER **SUNRISE SENIOR VILLAGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to a complaint survey, (CCR# 2016013165), of / /16 was conducted on / /17.

The Sunrise Senior Village Assisted Living, (License # 5898), had uncorrected deficiencies at the time of the revisit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and observation, the facility continued to fail to properly maintain a daily Medication Observation Record (MOR) for 2 of 3 residents (#7 & #9) reviewed in a facility with a current census of 69 in-house residents.

Findings included:

Per record review and observation of medication provision conducted at the facility on / beginning at 11:45am, Resident #7 was prescribed PRN (as needed) medication orders for both 1mg and / 10-325mg. was initialed on the front page of the MOR as having been provided 53 times from 1/1- / , but was only documented on the back of the MOR 16 times. was initialed on the front page of the MOR as having been provided 54 times from 1/1-1/ , but was only documented on the back of the MOR 18 times. All PRN medications initialed as provided were not documented on reverse of the MOR with date, time, reason, & results.
Resident #9 was prescribed PRN (as needed) medication orders for both 600mg and 50mg. was initialed on the front page of the MOR as having been provided 29 times from 1/1- / , but was only documented on the back of the MOR as having been provided 12 times. was initialed on the front page of the MOR as having been provided 28 times from 1/1- / , but was only documented on the back of the MOR as having been provided 16 times. All PRN medications initialed as provided were not documented on reverse of the MOR with date, time, reason, & results.
Per interview conducted with the Wellness Director on / at 2:30pm, the LPN stated: "They have been taught what to do. I'm not satisfied. They have been trained by the RN from corporate just last week. We've had a total of 4 med trainings by corporate."

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	R 01/19/2017
NAME OF PROVIDER OR SUPPLIER **SUNRISE SENIOR VILLAGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET** **TAMPA, FL 33612**	

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

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on observation, record review and interview, the facility continued to fail to ensure proper maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications. The facility continued to fail to ensure PRN (as needed) medications initialed as provided are documented on reverse of the MOR with date, time, reason, & results.

Findings included:

An unannounced Complaint survey (CCR#2016010973 & 2016013165 & 2016013182) was conducted on / . The facility had deficiencies at the time of the visit (specific to CCR#2016013165) directly relating to facility medication practices. An unannounced Revisit to 11/28/16 Complaint survey (CCR#2016013165) was conducted on 1/19/17. The facility had an uncorrected deficiency at the time of the revisit relating to facility medication practices.
On / beginning at 10:30am, Surveyor observed staff providing residents assistance with self-administration of medications and reviewed the facility ' s Medication Observation Records. Four of 4 Medication Observation Records randomly selected for review contained errors and omissions, including incomplete documentation of PRN (as needed) medications.
On / beginning at 11:45am, Surveyor observed staff providing residents assistance with self-administration of medications and reviewed the facility ' s Medication Observation Records. Two of 3 Medication Observation Records randomly selected for review contained incomplete documentation of PRN (as needed) medications.
Per interview conducted with the Wellness Director on / at 2:30pm, the LPN stated: "They have been taught what to do. I'm not satisfied. They have been trained by the RN from corporate just last week. We've had a total of 4 med trainings by corporate."

Uncorrected Class III Medication Deficiency

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Sunrise Senior Village Assisted Living
11722 North 17th Street
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies 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 , 2017.**

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. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

BBT7

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