AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	01/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE SENIOR VILLAGE ASSISTED LIVING	**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

Two unannounced complaint surveys, (CCR# 2016013643 & CCR# 2016014818), were conducted at the facility on / through / .

The Sunrise Senior Village Assisted Living, License # 5898, had a deficiency specific to both complaints.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity (AHCA) for 2 of 2 resident records requested of a facility with 69 in-house residents. (Resident # 3 and #12) The facility failed to ensure records maintained in an electronic format are readily available for facility staff to access the data and produce the requested information.

Findings included:

Surveyors conducted a Complaint survey at the facility on / and were unable to determine substantiation of billing/grievance allegations without further information from corporate office. Per / interview with the Administrator, all billing is done by corporate and the Administrator is not able to access resident financial records. Per / record review, billing information is not maintained in resident records at the facility.
Surveyor received minimal, incomplete records via email from the Administrator after exiting the facility on / . Surveyor ' s latest request for additional needed information was emailed to the Administrator on / , with no response received as of / / .

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: CCR# 2016013643 & CCR# 2016014818

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on 19-25, 2017, 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 , 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 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
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1161
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
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,

Paul J Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State 5000-3547 Form

XG90