STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968170	12/07/2017
NAME OF PROVIDER OR SUPPLIER **SUNSET HARBOR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 DORIC CT** **TARPON SPRINGS, FL 34689**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial relicensure survey was conducted at Sunset Harbor ALF , (Lic. # 12109). Deficient practice was identified at the time of the visit.

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, two of three staff sampled (B; C) had not received the required training on and within 30 days of employment.

Findings include:

A personnel record review during the survey revealed that Staff B and Staff C, hired and respectively, had no documentation attesting to the fact that either employee had received the one time education course on and . Interview with the administrator at 1:45pm on confirmed that the documented evidence was missing from both staff records.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview, one of one of the administrator's food service designees observed (Staff D) was not providing feeding assistance to at least three (3) residents in a safe/sanitary manner.

Findings include:

At approximately 12:45pm on , Staff D was noted to be assisting one of the residents at a table of four (4) who all required assistance with their feeding. This staff person was observed not to be wearing any gloves/other protective barrier on her hands. After assisting the first resident, she proceeded to go to a second resident seated at a different table and assisted this individual with her eating. After briefly leaving the dining area to enter a resident's , Staff D reentered the dining was then observed to be helping a 3rd resident with their feeding--again without wearing any gloves/protective barrier. She had also not washed her hands at anytime during this period; there was no sink in the resident's had entered. Interview with the administrator at 2:30pm on provided no explanation for this employee's conduct.

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Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility had not submitted its emergency plan to the local county emergency management office on an annual basis for review and approval.

Findings include:

During the survey, the facility's most recently approved emergency management plan was found to have been approved with an expiration date of . Interview with the administrator at 11am on revealed that "he had submitted his new plan to the fire marshal about a month and a half ago, and despite several efforts to prompt them, had not yet received the document back in order to send it on to the local county emergency management agency."

Class III