STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT SUNSET BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7423 KAUAI LOOP** **NEW PORT RICHEY, FL 34653**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial survey was conducted in conjunction with a revisit to a complaint investigation, (CCR# 2017014333) at Villas at Sunset Bay on . Villas at Sunset Bay, Assisted Living Facility, had a deficiency identified relative to the biennial survey.

(License # 10594)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to provide additional services needed, and failed to develop and implement an Interdisciplinary Care Plan in consultation with Hospice, which specifies specific services provided by Hospice and those services provided by the Facility for two (# 11 and #14) of two sampled bedridden Hospice Residents, who no longer met residency criteria.

Findings Included:

During a Staff interview with Staff D conducted on at 09:55am, Staff D reported that Resident #11 was on Hospice, bedridden, and has , . Staff D stated that Resident #11 has been bedridden "for a while now" and the shift can get overwhelming because "we turn them every two hours."

During a Staff interview with Staff D conducted on at 09:55am, Staff D further reported that Resident #14 is on Hospice, bedridden, and has , . Staff D stated that Resident #14 has been bedridden "for a while now" and the shift can get overwhelming because "we turn them every two hours."

During a review of the Interdisciplinary Care Plan for Resident # 11 conducted on , it was revelaed that the information provided was actually Hospice Progress Notes and not specific services provided by Hospice and those provided by the facility.

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	AL11966353	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT SUNSET BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7423 KAUAI LOOP** **NEW PORT RICHEY, FL 34653**	

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

During a review of the Interdisciplinary Care Plan for Resident #14 conducted on . . . . . , it was revealed that the information provided was actually Hospice Progress Notes and not specific services provided by Hospice and those provided by the facility.

During a Staff interview with both the Regional Nurse and Director of Nursing (DON) conducted on . . . . . at 01:45pm, when it was explained what information the Interdisciplinary Care Plan should contain, the DON stated that, "this is all we have."

Class III