STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R 04/05/2018
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 (ALF)

A 2nd Revisit to 12/13/2017 Complaint Investigation (CCR#: 2017014333) in conjunction with a Revisit to 01/31/2018 Biennial Survey was conducted at Villas at Sunset Bay Assisted Living Facility (ALF) on 04/05/2018. Villas at Sunset Bay ALF had uncorrected deficient practice at the time of survey.

(License#: 10594)

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to obtain a physician order to change directions of use of medication for one Resident (#1) of six sampled residents who need assistance with self-administration of medication (med).

Findings Included:

A Medication Observation Record (MOR) review for Resident #1 conducted on , revealed that Resident #1 received 100mcg on , , , and . Resident #1's prescribed dose of was 50mcg once daily. The MOR had a duplication of Resident #1's med from through .

A review of the Facility's Plan of Correction conducted on in response to the facility contracting with a Pharmacy consultant revealed that all of the Facility's Med Technician employees received a six-hour Assistance with Self-Administration of Medication Lecture and Training performed by the Facility's Regional Director on .

A review of the Facility's Pharmacy Consultant Agreement conducted on revealed that the Pharmacy Nurse Consultant performed a MOR to med audit on for all Facility Residents to ensure all meds were available and accurate and that all discrepancies were clarified and corrected.

During an interview with the Health and Wellness Director conducted on at 02:30pm, the Health and Wellness Director confirmed the duplication of Resident #1's .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R **04/05/2018**
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)

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

Based on record review, observation, and interview the facility failed to ensure documented class III deficiencies regarding medicinal drugs were corrected as required by a second revisit. The facility is required to continue contracting with a Pharmacy or nurse consultant as required under 59A-5.033 (3) FAC.

Findings Included:

A review was conducted of the Class III deficiencies cited during a Complaint Investigation conducted on in which two medication deficiencies were cited (A0054 and A0056). These medication deficiencies were reviewed during a Revisit conducted on 01/31/18 and re-cited.

During a Revisit Survey conducted on 04/05/2018, Tag A0056 was not cleared and re-cited.

During an exit interview with the Administrator and Health and Wellness Director conducted on 04/05/18 at 04:00pm, both the Administrator and Health and Wellness Director acknowledged the need to continue with Pharmacy Consultant Services.

During a post-survey interview with the Regional Director conducted on at 10:37am, the Regional Director acknowledged the need to continue with Pharmacy Consultant Services.

Class III (uncorrected)