STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R 06/08/2018
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 third Revisit to 12/17/17, 01/31/18, and 04/05/18 Complaint Survey (CCR#: 2017014333) conducted at Villas at Sunset Bay Assisted Living Facility on 06/08/18 in conjunction with complaint surveys (CCR# 2018007102 & CCR# 2018007521, Event ID 9HYT11). Villas at Sunset Bay Assisted Living Facility had new and uncorrected deficiencies at the of survey.

(License # 10594)

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

Based on record review and interview, the Facility failed to maintain accurate Medication Observation Records (MORs) free from omissions and errors for one (#11) of five sampled residents.

Findings Included:

A record review for Resident #11, conducted on , revealed that Resident #11's MORs were not accurate and free from error. Resident #11's prescribed medication , 5mg was listed on the MORs twice (a duplication) in , 2018. On through staff signed on both , orders. On one order, staff signed the , as given. On the other , order, staff circled as not given. Duplication of orders on MORs has a high potential for medication errors and overdosing of medication.

During an interview with the Administrator, conducted on at 05:30pm, the Administrator confirmed and acknowledged the duplication of Resident #11 .

Class III

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

Based on record review and interview, the Facility failed to (1) make every reasonable effort to ensure that prescriptions are refilled in a timely manner; and, (2) ensure that medication labels matched the Medication Observation Records (MORS) for three (#2, #13, and #16) of five sampled residents who

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R 06/08/2018
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)

need assistance with self-administration of medication.

Findings Included:

1) A record review for Resident #2, conducted on , revealed that Resident #2 ran out of prescribed medication , in , 2018. The documented reason on the back of Resident #2 MORs stated that the was not given as prescribed due to 'not available' from through . Resident #2's physician was not notified. Resident #2's Power of Attorney was not notified. Resident #2 was sent to the hospital on . An Agency for Health Care Administration Report was filed on and .

A record review for Resident #13, conducted on , revealed that Resident #13's , medication label did not match the MORs. Resident #13's MORs stated , 600mg tablets take one tablet by mouth three times every day. The , bottle label stated , 600mg tablets take one tablet by mouth four times every day.

A record review for Resident #16, conducted on , revealed that Resident #16 ran out of prescribed medication , in 2018. The documented reason on the back of Resident #16 MORs stated that the , was not given as prescribed due to 'not available' from through . Pharmacy notified on . There was no documentation that Resident #16 Physician or Power of Attorney was notified.

During an interview with the Administrator, conducted on at 05:30pm, the Administrator acknowledged and confirmed that both Resident #2 and #16's Physician, Power of Attorneys, and Pharmacy were not notified to refill a prescriptions in a timely fashion. The Administrator also confirmed the discrepency between Resident #13's , medication label and the MORs.

Class III

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.

Findings Included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R 06/08/2018

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

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

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

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

During a Revisit Survey, conducted on 06/08/18, Tag A0054 was cited and Tag A0056 re-cited.

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

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to maintain the required documentation of an 2 hour update for assistance with self- administration of medication on annual basis for 1 (Staff A) of 3 records reviewed.

Findings Included:

An employee record review was conducted on . . . . It was discovered that Staff A had no evidence of the required documentation of a 2 hour update for assistance with self- administration of medication on annual basis in the personal file.

An interview with the Executive Director was completed on . . . . . 2:45 P.M. The Executive Director reviewed employee files with the surveyor and confirmed findings. The Executive Director stated, " Yes she currently assists residents with self- administration of medications. We must have missed the deadline."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and staff interview, the facility failed to provide within 1 business day after the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	R 06/08/2018
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)

occurrence of an adverse incident, a preliminary report to The Agency; and failed to provide within 15 days after the occurrence, a full report to The Agency.

The findings included:

Record review of the facility records revealed a incident/accident report, dated , 3:19 p.m. Its records revealed the following; a care staff called nursing. Per nurse on duty the resident was in wheelchair tipped over and the resident's bed was moved. Resident #1 stated staff A was spinning me around in my wheelchair and threw me backwards. Resident#1 sustained lacerations and bump on head. Resident#1 required an acute level of care, emergency medical services was called, Resident#1 was sent out to the local hospital for evaluation and treatment.

The incident/accident report stated the Residents' guardians were notified.

In an interview with the Executive Director on at 3:31 p.m., she stated the physician was notified. She also stated " No, we did not report this event to The Agency for Healthcare Administration."

Class III