STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**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 Complaint Survey, (CCR# 2018007102 & CC# 2018007521), in conjunction with a third Revisit to 12/17/17, 01/31/18, and 04/05/18 Complaint Survey (CCR# 2017014333, Event ID UY2B14), conducted at Villas at Sunset Bay Assisted Living Facility on 06/08/18. Villas at Sunset Bay Assisted Living Facility had deficiencies at the time of the survey.

(License # 10594)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the Facility failed to honor resident rights by failing to notify Primary Health Care Provider and Power of Attorney with health status change for two (#2 and #16) of sixteen sampled residents.

Findings Included:

1) A record review for Resident #2, conducted on , revealed that Resident #2 had three episodes on the morning of . Resident #2 went more than nineteen hours without voiding of between 02:00pm (exact time unknown) through the morning of 09:00am (exact time unknown). The Facility failed to notify Resident #2 Primary Care Provider of either incidence.
The Facility failed to notify Resident #2's Power of Attorney of either incidence. Resident #2 ran out of the prescribed medication , . Resident #2 missed nine doses of medication before the Facility notified Resident #2's Pharmacy or Primary Care Provider. Resident #2 was sent to the Hospital Emergency Department for change-in-condition on .

2) A record review for Resident #16, conducted on , revealed that Resident #16 ran out of the prescribed medication , on . The Facility did not notify the Pharmacy until .
No documentation was found in Resident #16's record that the Primary Care Provider or Power of Attorney was notified.

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

During an interview with the Administrator, conducted on at 03:30pm, the Administrator acknowledged and confirmed the lack of notification to the Pharmacy, Physician, and Power of Attorney when Resident #2 ran out of prescribed medication and missed nine doses. The Administrator acknowledged and confirmed that Resident #16 went nineteen hours or more without voiding of . The Administrator acknowledged and confirmed the lack of notification to the Pharmacy, Physician, and Power of Attorney when Resident #16 ran out of prescribed , medication.

Class III