STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**12/13/2017**
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)

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain level 2 background screenings every five years and maintain a signed Attestation of Compliance in all employee's personnel files for four employees (Staff: B, D, E, and F) of seven sampled employees.

Findings included:

An employee record review conducted on for Staff B with a date-of-hire , revealed the last eligible level 2 background screening was on .

An employee record review conducted on for Staff D with a date-of-hire , revealed the last eligible level 2 background screening was on .

An employee record review conducted on for Staff E with a date-of-hire , revealed the last eligible level 2 background screening was on .

An employee record review conducted on for Staff F with a date-of-hire , revealed no signed Attestation of Compliance in the employee's personnel file.

An interview was conducted on at 03:15pm with the Director of Nursing and Regional Nurse who were unable to produce a signed Attestation of Compliance for Staff F or eligible level 2 background screenings for Staff: B, D, and E. Both the Director of Nursing and Regional Nurse confirmed and acknowledged that the Attestation of Compliance was not in Staff F's personnel file and that the level 2 backgrounds screenings were expired for Staff: B, D, and E.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**12/13/2017**
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 investigation, (CCR# 2017014333), was conducted at Villas at Sunset Bay on . Villas at Sunset Bay, Assisted Living Facility, had deficiencies at the time of the investigation.

(License # 10594)

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

Based on record review and interview, the facility failed to ensure that Medical Observation Records (MORs) were accurate and free from omissions and errors and were immediately updated each time a medication was offered for five Residents (#4, #5, #6, #7, and #9) of five sampled Residents.

Findings included:

A 2017 Medication Observation Record (MOR) review conducted on for Resident #4 revealed dates for medications prescribed not initialed as given including the medications:
- , 2mg on @01:00pm
- Methadone 5mg @09:00am and 05:00pm

A 2017 MOR review conducted on for Resident #5 revealed dates for medications prescribed not initialed as given including the medications:
- Sulf 500mg/2ml vial inject 1ml (250mg) ( ) on @05:00pm, @09:00am, and @09:00am
- DN 30mg on @09:00am
- -S on @09:00am; @09:00am; @09:00am; @09:00am

An 2017 MOR review conducted on for Resident #6 revealed dates for medications prescribed not initialed as given including the medication:
- , 0.5mg on @09:00pm
- , 10mg on @09:00pm

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	12/13/2017
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)

- Ordered for urinalysis with culture and sensitivity on and unable to obtain until .

The record review further revealed no documentation of attempts or to manage other means of obtaining specimen or who was contacted regarding the difficulty of obtaining. Resident was hospitalized on (See Photographic Evidence 4)

- , 10mg tablet not given on @09:00pm due to "hospitalized". Resident returned to the facility from the hospital on @05:30pm.

A 2017 MOR review conducted on for Resident #7 revealed dates for medications prescribed not initialed as given including the medications:
- , 0.5mg on @9am, 1pm, and 5pm and on @9am and 1pm
- DS 800-160mg ( ) on @9am.

A 2017 MOR review conducted on for Resident #9 revealeded dates for medications prescribed not initialed as given including the medications:
- Baza Barrier Protect Cream from through @6am
- multiple dose orders (100mg, 75mg, and 25mg @09:00am over laps each other which could potential cause medication error and overdosing of medication (See Photographic Evidence 3) not documented as given from through and 25mg tablet take 3 tablets (75mg) not documented as given from through

During a staff interview conducted on at 3:15 PM with the Director of Nursing and Regional Nurse both confirmed and acknowledged the lack of medication documentation and were unable to provide explanations regarding Residents #4, #5, #6, #7, and #9 not receiving medications as prescribed due to these medications "not available", "awaiting delivery", or "not given due to audit".

Class III

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

Based on observation, record review, and interview the facility failed to 1) make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication are filled or refilled in a timely manner. 2) Obtain a written order for any changes in directions for use of a medication for 5 Residents (#4, #5, #6, #7, and #9) of 5 sampled residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**12/13/2017**
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)

Findings included:

A medication observation conducted on at 12:35pm revealed that Resident #7 did not have the prescribed medication , DR 20mg ordered to take one tablet three times every day - one half hour before meal. Staff A stated that, "I just pulled the sticker" (referring to reorder this medication).

A 2017 Medication Observation Record (MOR) review conducted on revealed that Resident #7 was not given the following medications as prescribed due to "not available":
- , DR 20mg on @04:00pm; @04:00pm; @09am and 01:00pm; @09:00am and 01:00pm; and, @01:00pm
- , 1mg on @09:00am
- Lactinex chewable on @04:00pm
- Powder on @09:00am

All medications for Resident #7 on @4pm and 5pm "not given due to audit" and no orders found to hold these medications (See Photographic Evidence 1).

A 2017 MOR review conducted on revealed that Resident #5 was not given the following medication as prescribed due to "not available":
- -S on @09:00am; @09:00am; @09:00am; and,
- On @05:00pm 50mg "not given due to audit" and no orders found to hold this medication.

A 2017 MOR review conducted on revealed that Resident #9 had orders to start ( ) 500mg to take once a day orally for 7 days on . Resident #9's MOR record showed that started on and stopped on (greater than 7 days) and was circled as not given through due to "not available" (See Photographic Evidence 2). The MOR also showed that Resident #9's prescribed with multiple dose orders (100mg, 75mg, and 25mg each at 9:00am overlapping each other and staff circled the incorrect doses (which could potentially lead to a medication error - See Photographic Evidence 3.)

A 2017 MOR review conducted on revealed that Resident #4 was not given the following medication due to "not available":
- Methadone 5mg on @07:00am

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966353	**12/13/2017**
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)

- TMP DS on @09:00am and 05:00pm; @09:00am; and, 05:00pm.

An and 2017 MOR review conducted on revealed that Resident # 6 was not given the following medications due to "not available" or "awaiting delivery":
- 0.5mg on @09:00pm
- 10mg on @09:00pm
- 20mg on @05:00pm
- Memantin 10mg on @05:00pm; @05:00pm; @05:00pm; and, @05:00pm
- 50mg on @09:00pm
- Multivit- on @09:00am; @09:00am; @09:00am; and, @09:00am
- DR 125mg on @09:00am and 05:00pm; and, @09:00am
- 0.5mg on @11am
- 81mg chew tab on @09:00am
- 500mg on @09:00am and @09:00am

During a staff interview conducted on at 3:15 PM with the Director of Nursing and Regional Nurse, both confirmed and acknowledged the lack of medication documentation and were unable to provide explanations regarding Residents #4, #5, #6, #7, and #9 not receiving medications as prescribed due to these medications "not available", "awaiting delivery", or "not given due to audit".

Class III