STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **SUN COAST RETREAT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8151 TREELET COURT** **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 2018011461) was conducted at Sun Coast Retreat on . . . . . in conjunction with a partial revisit to . . . . biennial survey with extended congregate care (ECC). Sun Coast Retreat had a deficiency at the time of the investigation.

(License #10530)

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

Based on record review and interview, the facility failed to provide a full report to the Agency, within 15 days, concerning the facility's investigation of an adverse incident for one (Resident #4) of one record reviewed.

Findings included:

A review of the facility's adverse incidents records showed an incident involving Resident #4 on . . . . , when police were notified and the resident , , . A review of the facility's follow-up investigation in to the incident showed that the full report was not filed until . . . . , which was not within the 15- day requirement (photographic evidence obtained).

An interview was conducted with the Administrator at 4:32 PM on concerning the filing of the full report involving the . . . . of Resident #4. The Administrator acknowledged and confirmed that the report was not filed within the required timeframe.

Class III