STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968715	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT SUN CITY CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1320 33RD ST SE** **SUN CITY CENTER, FL 33570**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted], a Biennial survey with Limited Nursing Services (LNS) was conducted in conjunction with a monitoring visit at Inspired Living at Sun City Center. The facility had deficiencies at the time of the visit.

(license #12603)

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

Based on observation, records review and interview, the facility failed to have medications labeled and orders written that included the directions for use, for 1 of 3 residents (#3).

Findings included:

At 9:30am on [redacted], a medication observation was conducted. Staff E was preparing to offer Resident #3's medications. The medication observation record (MOR) read " [redacted] Tear - use as directed" with no indication of the dose, the route or the frequency and " [redacted] apply both [redacted] twice daily" with no indication of the dose or specifics about the route. The labels on both medications were reviewed and both labels matched the instructions written in the MOR and lacked required instructions for a medication technician (Med Tech) to follow to assist residents with medication self-administration.

In an interview at 9:35am, Staff E stated that they would report this to the Health and Wellness Director and find out what the instructions were for Resident #3's medications.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview the facility failed to ensure 2 of 3 staff (A, C) whose records were reviewed had a preservice orientation of at least 2 hours that addressed the facility's license type and services offered by the facility and resident rights prior to interacting with the residents.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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During a record review for Staff A (date of hire:) on it revealed no documentation of attendance in a facility preservice orientation.

During a record review for Staff C (date of hire:) on it revealed no documentation of attendance in a facility preservice orientation.

During an interview with the Administrator on at 5:15 PM they stated they were not aware of the required preservice orientation.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on records review and interview, the facility failed to employ or contract with a nurse that would be available to provide nursing services as needed by the residents.

Findings included:

A review of the facility's Limited Nursing Services (LNS) program records, on , revealed that the facility had a contract with a qualified nurse that was electronically signed on (photo attached). The nurse was an employee of one of the two home health agencies that provides care for the facility's residents.

An interview with the nurse the facility had with to provide LNS service was conducted at 12:45pm on via telephone. In the interview the LNS nurse stated that on , the facility asked the nurse to do some assessments for their residents receiving LNS services.

The LNS nurse stated that his , the charge nurse at the home health agency the nurse works for, is the one who would be responsible for providing LNS services to the facility.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC; 429.07 (3)(c)2, FS

Based on records review and interview, the facility failed to maintain monthly assessments, performed by a qualified nurse, for 1 of 7 LNS residents (#12).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

A review of the facility's Limited Nursing Services (LNS) program was conducted on . Resident #12's LNS records were reviewed. Resident #12's records revealed that the resident had orders dated for the facility to provide LNS services to assist the resident with support stockings. The latest monthly LNS nursing assessment in Resident #12' record was dated .

In an interview with the facility's Health and Wellness Director at 11:30am, the Health and Wellness Director has no explanation for the lack of monthly nursing assessments in and of 2018, for Resident #12.

Class III

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to ensure 1 of 3 (C) staff, whose records were reviewed, included an Attestation of Compliance with the background screening requirements form.

Findings included:

During a review of Staff C's record, it did not include an Attestation of Compliance with the background screening form signed by the employee.

During an interview with the Administrator on . . . at 5:15 PM they stated they did not have an attestation of complaince form for Staff C.

Unclassified