STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	R 01/04/2019
NAME OF PROVIDER OR SUPPLIER **SUNNY HILLS OF SEBRING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 COMMERCE CENTER DR** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to complaint investigation (CCR#2018016435 and CCR#2018016447) was conducted on for Sunny Hills of Sebring (License #9001) an assisted living facility in Sebring, Florida. At the time of the visit, the facility had deficient practice.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on records review and interviews, the facility failed to maintain a licensed hospice's interdisciplinary care plan, specifying the services being provided by hospice and those being provided by the facility, in the resident's file for 1 (Resident #2) resident of 3 who received hospice services.

Findings Included

Record review conducted on reveled Resident #2 started receiving Hospice services on . There was no interdisciplinary care plan, specifying the services being provided by hospice and those being provided by the facility, in the resident's file.

Interview conducted with the Director of Nursing (DON) on beginning at 11:34am. The DON confirmed there is no interdisciplinary care plan between Hospice and the facility for Resident #2.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS