STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966301	**04/12/2019**
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 Survey (CCR#: 2019002814) and a Revisit to 01/30/19 Complaint Survey (CCR#: 2018016601) and an Extended Congregate Care Monitoring Visit was conducted at Sun Coast Retreat Assisted Living Facility on 04/08/19 and . . . . . The facility had deficiencies at the time of the investigation.

(License#: 10530)

0123 - Fiscal - Resident Trust Funds - 429.27( ) FS; 58A-5.021(2) FAC

Based on record review and interview, the Facility failed to provide a statement upon discharge of a resident of all funds held for the resident. The Facility also failed to provide a refund of personal money held in trust for the resident, by the Facility, for two Residents (#1 and #2) of three sampled residents who did not receive a refund or statement upon their discharge from the Facility for personal accounts held by the Facility.

Findings Included:

During a record review of Residents #1 and #2, conducted on , revealed that the Facility did not provide refunds or verified statements detailing funds held in trust by the Facility for Residents #1 and #2 (or Responsible Party) upon the residents' discharge from the Facility. Resident #1's personal account that the Facility held in trust for the resident found that the Facility did not issue a refund for the resident's personal account balance in the amount of $962.76 on . Resident #1 admitted in to the Facility on and discharged on . Resident #2's personal account that the Facility held in trust for the resident found that the Facility did not issue a refund for the resident's personal account balance in the amount of $778.00 on . Resident #2 admitted in to the Facility on and discharged on . There was no evidence that the Facility provided Resident #1 and #2 (or Responsible Party) with a detailed statement of the person money held in trust by the Facility for Resident #1 and #2.

During an interview with the Administrator, conducted on at 12:00pm, the Administrator, in regards to money due Resident #1, stated that, "I owe them a refund". At 12:23pm, the Administrator acknowledged and confirmed that Resident #2 did not receive refunds for their personal accounts and stated that, "I obviously have some issues here with this and will get to the bottom of it".

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Class III