STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910802	**05/02/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSET VILLA RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2308 AMERICUS DR.** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted at Americus Total Care, LLC (Assisted Living Facility) on . The provider had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to ensure that records for one of two sampled residents reviewed (Resident #2) contained required documentation of and an interdisciplinary plan of care with hospice.

Findings included:

A review of the record for Resident #2 conducted on revealed that the last documented for Resident #2 was on . Further review of Resident #2's documentation revealed that the most recent health assessment indicated the resident required assistance with all activities of daily living (ADLs.)
Continued review of the record revealed that Resident #2 was receiving assistance and care from hospice. No interdisciplinary plan of care was found between the hospice agency and the facility, indicating who was providing what services to Resident #2.

The administrator was interviewed at 2:20 pm and again at 3:00 pm on and the administrator indicated she understood these documents were required.

Class III