STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	**05/07/2019**
NAME OF PROVIDER OR SUPPLIER **ROYAL SUN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **312 E 124 AVE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living

A Complaint Investigation (Complaint Number: 2019006024) was conducted at Royal Sun Park Assisted Living Facility on . Deficiencies were identified at the time of survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview, and record review, the Facility failed to provide care and services appropriate to meet the health and safety needs of one Resident (#3) of one sampled resident that required a wheelchair for ambulation.

Findings Included:

During an observation of Resident #3, conducted on at 11:00am, Resident #3 was sitting in a wheelchair that appeared too tall for the resident. The wheelchair was tilting in an approximate forty-five degree angle. Resident #3's and were not supported with rests and were hanging and not touching the floor. At 03:30pm, the Surveyor and the Health Services Director observed the transfer of Resident #3 from the bed to the wheelchair. There was only one rest available for Resident #3's wheelchair and staff left the rest off and Resident #3's were left hanging approximately five to six inches off the floor with no support.

During a record review for Resident #3, conducted on , revealed that Resident #3's record had no documentation regarding the missing rest or attempts to obtain a replacement rest.

During an interview with the Health Services Director, conducted on at 03:30pm, the Health Services Director stated that, "we have tried to get rests for the chair but the company won't respond". No further documentation was provided.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, interview and record review, the Facility failed to provide clean wheelchairs and decent wheelchairs for two Residents (#3 and #6). Additionally, the Facility failed to keep residents free from for two Residents (#1 and #2).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings Included:

During observations of Residents #1 and #2, conducted on . . . . . at 10:50am, Resident #1 and #2 were sitting in their wheelchairs with a , Buddy device across the arm rests of the residents' chairs. At 11:00am, the Surveyor attempted to have Resident #1 and #2 remove their , Buddy devices (one at a time). The attempts failed. The Health Services Director then attempted to have Resident #1 and #2 removed their , Buddy devices from their chairs and neither Resident #1 nor Resident #2 able to remove their , Buddy devices from their chairs. Resident #1 made non-sensical speech an repeated "nanananan" and became agitated and the attempt was halted. Resident #2 stated, "I can't nobody showed me how". At 03:15pm, Resident #3 and #6's wheelchairs appeared as dirty/filthy with food or liquid spills, dust, and possible mold (See Photographic Evidence).

During an interview with the Health Services Director, conducted on . . . . . at 11:00am, the Health Services Director stated that both Resident #1 and #2, "have and they can removed them when they want to". The Health Services Director stated that Resident #1 "doesn't speak English". The Health Services Director stated that Resident #2, "just from the Hospital on the sixth [and the resident's] daughter just brought it yesterday when [the resident] . ". At 03:30pm, the Health Services Director agreed that Resident #3 and 6's wheelchairs were filthy and stated that, "they all need to be pressure washed".

A record review for Resident #1, conducted on . . . . . , revealed that Resident #1 had no orders by a Health Care Provider for a , Buddy device. There were no assessments by a Health Care Provider, in Resident #1's record, that the resident was able to remove the . , Buddy device from the wheelchair.

A record review for Resident #2, conducted on . . . . . , revealed that Resident #2 had no orders by a Health Care Provider for a , Buddy device. There were no assessments by a Health Care Provider, in Resident #2's record, that the resident was able to remove the . , Buddy device from the wheelchair. There was a Progress Note dated maintained in Resident #2's record that stated that the , Buddy was in place since . . . . .

During an interview with the Administrator, conducted on . . . . . at 04:30pm, the Administrator agreed that the wheelchairs needed pressure washing.

Class III

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

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

Based on record review and interview, the Facility failed to obtain a complete Health Assessment Form as described in Rule 58A-5.0181, F.A.C. for one Resident (#4) of four sampled residents.

Findings Included:

A record review for Resident #4, conducted on [redacted], revealed that Resident #4's Health Assessment Form did not include all required data regarding the required nursing services of Hospice.

During an interview with the Administrator, conducted on at 04:30pm, the Administrator stated that the Facility would be able to obtain a new Health Assessment for Resident #4 by [redacted]. The Health Assessment Form received post-survey on had no date of the examination for Resident #4.

Class III