STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942977	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Sun Park	312 E 124 Ave Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013008473, was conducted on

The Royal Sun Park, assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon record review and interview, the facility failed to ensure that a written record was maintained for 1 (#3) of 4 residents reviewed indicating the facility initiated contact with the health care provider concerning the residents weight loss.

Findings include:

A review of the record for resident #3 revealed the resident had the following documented weights on file: over a 6 month period.

The weight sheet on file noted the following weights for this resident
-147#
-134#
-121#
-116#
-169.8# (in wheelchair)

The resident has had a weight loss of 31 lbs. from to (6 month period).

There was no indication that the facility noticed the weight loss and reported it to the health care provider.

The only notes on file were dated , / & which discusses the resident's and subsequent hospitalization. The last weight on notes the resident was weighed in a wheelchair and does not take into account the weight of the chair itself to determine the residents actual weight.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

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	AL11942977	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Royal Sun Park	312 E 124 Ave Tampa, FL 33612	

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

Based upon interviews, observation & record review, the facility failed to follow the dietitian approved menus, therapeutic diets and document substitutions prior to or at the time the meal was served.

Findings include:

During the tour of the facility on at approximately 9:50a.m. The menu posted on the wall at the entrance of the dining area reflected for the date of this visit the noon meal would consist of veal pacita with penne pasta, green beans with , bread sticks, chocolate fudge cake, margarine, coffee, tea.
The date on the posted menu had expired on .

An interview with the dietary manager on at approximately 10:00a.m. She stated she had just started working at the facility for a couple of weeks. The manager stated she was preparing BBQ Pork with green beans, macaroni and cheese, brownies, Kool-Aid for lunch. There was a sheet posted in the kitchen with resident names with the therapeutic diet they were to receive.
The manager did not have a substitution log available.

At approximately 12:00 noon during observation of lunch the residents were all served the same meal. The dietary manager stated the were to receive the sugar free drink that is located in the dining the juice bar but were given the Kool-Aid instead.

During an interview with the administrator on at approximately 12:30 p.m. it was stated she had the new menu ' s and portion size sheet in her office and did not have a chance to bring them into the kitchen or post them for the residents to view. The administrator stated the facility kept a log of the substitutions and would look for it.
At 5:00p.m. The menu posted at the entrance of the dining not been changed. The menu did not reflect the meal that the facility served at supper.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

Re: 2 Revisits & **CCR# 2013008473**

This letter reports the findings of a two state licensure revisit surveys and a complaint survey that were conducted on 4, 2013, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisits and the deficiencies identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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