| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965505 | 06/18/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| SUN COAST RESIDENTIAL CARE | 813 SW 9TH STREET HALLANDALE BEACH, FL 33009 | |

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

**0000 - Initial Comments**

An unannounced Limited Nursing Services monitoring visit was conducted on at Sun Coast Residential Care, Inc. The facility had deficiencies found at the time of the visit.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on observation, interview and record review, the facility failed to properly monitor for completeness of the required resident health assessment form . This was evidenced by the failure of the health care provider to indicate the level of medication assistance required, for 1 of 4 residents sampled (Resident #4).

The findings included:

In an observation of Resident #4 on at 10:30 AM, she was observed in her an open bottle of medication, counting the pills. Resident #4 stated that she "took care of her own medications" and the facility staff did not assist her.

Record review of resident #4's 1823 Resident Health Assessment form dated indicated that the health provider failed to document if the resident was able to self administer her own medications or required assistance from the facility staff.

In an interview with the assistant administrator on at 11:30AM, she reviewed Resident #4's record and stated that the health care provider had failed to document Resident #4's required level of medication assistance. She stated that Resident #4 had been self administering her own medications.

Class III

**Z827 - Unlicensed Activity - 408.812, FS**

Based on observation, interview and record review, it was determined that the facility was knowingly operating an unlicensed assisted living facility adjacent to the licensed facility, since it was providing housing, meals and personal care services, including medication assistance, to 1 of 2 residents (Resident # 1 ) living within the undefined facility. The findings include:
In an observation on at 9:10 AM, Resident #1 was observed in the undefined facility, located adjacent to the licensed Assisted Living Facility (ALF). Resident #1 was observed sitting on the side of his bed. A rolling walker was observed positioned directly in front of him with a glass of juice and a breakfast pastry placed on the walker seat. A large bag of prescribed medication bottles was observed on the floor next to the resident ' s bed and a pill organizer was observed on the resident ' s bed side table.
In an interview with Resident #1 on at 9:15 AM, he stated that he had just received assistance with his shower from a caregiver from the adjacent licensed Assisted Living Facility (ALF). He stated that he was unable to

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965505 | 06/18/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| SUN COAST RESIDENTIAL CARE | 813 SW 9TH STREET HALLANDALE BEACH, FL 33009 | |

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

**Z827** Continued From page 1

complete any bathing / hygiene by himself and required assistance daily. He stated that the owner/ operator of the ALF assisted him by placing his medications inside a pill organizer and the ALF staff reminded him when to take his medications. He stated that he received his meals from the ALF staff since he was unable to prepare meals by himself. He stated that he pays monthly for his meals and had recently moved to the undefined facility from the ALF.

In an interview with the ALF manager on at 11:00AM, she stated that the ALF facility owner/ operator had provided direction about responsibilities with Resident #1 which included assisting Resident #1 with his medications and providing his meals. The manager stated that she did not reside at the ALF or undefined facility. She stated that she provided Resident #1 with required monitoring and oversight to take his daily medications. She stated that Resident #1 required assistance with showering.
Record review of the ALF admission/ discharge log indicated that Resident #1 was admitted to the ALF on .
Further review of the log indicated no discharge date for Resident #1.
In an interview with the ALF facility co-owner/operator on at 11:30 AM, she stated that Resident #1 was originally admitted to the ALF, he was noncompliant with the ALF house rules and he had moved out 3 weeks ago. She indicated that she was providing board to Resident #1 and she did not live at either facility. She stated that Resident #1 required daily assistance with showering, meals and medication cueing. She stated that she had assisted Resident #1 with filling his medication pill box and he required the ALF staff to monitor and remind him to take his medications as prescribed.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Coast Residential Care
813 SW 9th Street
Hallandale Beach, FL 33009

**RE: Limited Nursing Services (LNS) monitoring survey**

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) monitoring survey that was conducted on , 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an onsite visit after 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com