RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Sumter Place In The Villages
1550 Killingsworth Way
The Villages, FL 32162

RE: CCR #2016007757, 2016008141

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968334	**10/05/2016**
NAME OF PROVIDER OR SUPPLIER **SUMTER PLACE IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 KILLINGSWORTH WAY** **THE VILLAGES, FL 32162**	

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

0000 Initial Comments

On , 2016 through , 2016, complaint investigations (CCR#2016007757 and 2016008141) were conducted at Sumter Place Assisted Living Facility (facility license number 12227). During the survey deficient practice was identified. The facility was not in compliance at this time.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to obtain a new Resident Health Assessment (AHCA Form 1823) upon change in condition, admission to hospice; and, failed to obtain an interdisciplinary care plan for a resident on hospice, for 1 of 11 residents (Resident #9).

Findings:

On , a record review was conducted on Resident #9. During the review, it was observed he was admitted to hospice services on / . It was observed that his current 1823 Health Assessment was dated and did not document hospice services. A review of the hospice care plan dated did not list the specific services being provided by the facility, but only the hospice services.

On at approximately 3:00 PM, an interview was conducted with the Administrator regarding the missing documentation for Resident #9. She stated she did not know that Resident #9's 1823 Health Assessment was not updated after he was admitted to hospice. She reviewed the hospice care plan and stated it does not cover the facility services or responsibilities during his hospice care.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to file an adverse incident report with the Agency for a resident that and a bone for 1 of 11 residents (Resident #3).

Findings:

On , a record review was conducted on Resident #3. During the review, it was observed that on at 9:30 AM the resident was found on the floor holding her shoulder and complaining of pain. An X-ray was ordered and showed there was a involving the distil with mild displacement.

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

On / at approximately 12:25 PM, the Administrator was interviewed in reference to Resident #3 being found on the floor and having a . She was asked if the facility filed an adverse incident report with the Agency and she stated no, because it was an unobserved . She was asked if the facility had any documentation showing what they did to find out what caused the and what they did to prevent the again. She stated there was no investigation.

On / at approximately 1:19 PM, an interview was conducted with the daughter of Resident #3. During the interview she stated the facility did not discuss any changes to stop her mother from falling again.

Class III