Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922273	A. BUILDING: _____ B. WING _____	03/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNYSIDE MANOR	5201 BAHIA VISTA STREET SARASOTA, FL 34232

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, limited nursing services, focused control and emergency power plan monitoring survey was conducted on at Sunnyside Manor, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies.	A 000		
A 031	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) If residents accept assistance from the facility	A 031		

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A 031	Continued From page 1 in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to coordinate with third party providers regarding the residents' condition and the services being provided for 2 (Resident #7 and #8) of 2 residents reviewed receiving third party services. The findings included: Review of the facility policy #1-208 with a subject of Third Party Assistance dated . . . . . indicated under bullet #4: Documentation shall be provided by agency providing services to be included in medical record. On at 11:21 a.m., Resident # 7 said she had a . . , ... She said she manages the daily on her own and a home health (HH) agency comes in once a month to do a . . . . . change. Record review of Resident #7's chart did not reveal any documentation that home health had seen the resident or that she had received any . . . . . changes. On . . . . at 11:37 a.m., Resident #8 said she received hospice services. Record review of Resident #8's chart did not reveal an Interdisciplinary Care Plan with hospice, nor did it	A 031		

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A 031	Continued From page 2 contain any documentation of any hospice visits. On . . . . at 12:45 p.m., the Director of Nursing (DON) agreed Resident #8 was on hospice and hospice had been to the building to see her. The DON agreed there was not an Interdisciplinary Care Plan with hospice on file for Resident #8, nor any documentation of hospice visits. The DON also agreed that Resident #7 manages her by herself and HH provided the changes monthly. The DON agreed there was no documentation of the . . . . . changes. The DON said staff does speak with hospice and HH when they visit but the conversations had not been documented in the progress notes and agreed this would not confer a fluid transfer of information between different shifts in facility nor allow a way to track what care and services the residents received. Class III	A 031		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual	A 078		

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A 078	Continued From page 3 basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or	A 078		

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A 078	Continued From page 4 more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of a negative . . . . . examination documented annually thereafter for 2 (Administrator and Staff D) of 4 employee records reviewed. The findings included: The Administrator's employee file revealed a hire date of . . . . . The Administrator's file contained documentation of a negative . . . . . ( ) test performed on . . . . . and read on . . with a statement indicating the Administrator showed no evidence of . . or communicable . . . . . dated. The Administrator' file contained no further evidence of a negative . . . . . examination annually thereafter. Staff D's filed revealed a hire date of . . . . . as a Certified Nursing Assistant (CNA). Staff D's filed contained documentation of having a . . . . . , performed on . . . . . with negative results. Staff D's file contained a . . . . . Skin Test and Results documentation signed by a healthcare provider with no date as to when it was	A 078		

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A 078	Continued From page 5 performed. Staff D's file contained no further evidence of a negative examination annually thereafter. On at 3:00 p.m., the Staff Development Coordinator and Director of Nursing confirmed the findings of no further evidence of Free From Communicable statements for the Administrator and Staff D. Class III	A 078		