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
	AL11969609	A. BUILDING: _____ B. WING _____	01/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE LOVE ALF INC	208 SW 22 ST CAPE CORAL, FL 33991

(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 complaint survey for #2021014525 was conducted on . . . . . at Sunshine Love ALF Inc., an assisted living facility in Cape Coral, Florida. Compliant #2021014525 was substantiated at A0028. The following is a description of the deficiencies.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide one of three (Resident #2) with . . . . . care when needed. The findings included: 1. Observation on . . . . . at 9:35 a.m. showed Resident #2 lying in her bed. She was wearing adult brief which was soiled. An interview was conducted with Resident #2 at that time. She said she did not have any complaints. A review of Resident #2's health assessment, dated , showed she requires assistance from staff for her toileting needs. Observation of Resident #2 throughout the course of the survey (9:30 a.m. - 12:30 p.m.)	A 028		

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A 028	Continued From page 1 showed she layed in bed. Observation at 11:50 a.m. showed Resident #2 continued to have soiled adult briefs. At that time the administrator was getting her bedside table ready to serve her lunch. Interview on at 11:55 a.m., the administrator said she is going to serve Resident #2 her lunch. She did not check to see if her adult briefs were soiled. When it was mentioned to her, she then changed Resident #2's adult briefs. Interview on at 12:15 p.m., the administrator said the residents who wear adult briefs are changed about three times a day. they are changed in the morning, then after they eat after lunch and then again after dinner. She said Resident #2' adult briefs were changed this morning. Resident #2 required her adult briefs to be changed after 9:30 a.m. and remained soiled for three hours. Class III	A 028		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held	A 161		

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A 161	Continued From page 2 by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.	A 161		

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A 161	Continued From page 3 (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure there was a personnel record for one (Staff B) of two staff reviewed. The findings included: 1. Observation on at 9:30 a.m. showed Staff B in the kitchen cooking. On at 11:00 a.m. a request was made to review Staff B's personnel record. The administrator said she does not have a personnel record for Staff B. Today was her first day working at the facility. She only cooks. The facility failed to maintain a personnel record which included a background screening, and documentation of staff training in the regulations which govern food service for Staff B. Class III	A 161		