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
	AL11969659	A. BUILDING: _____ B. WING _____	04/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE GARDENS OF DUNEDIN LLC	534 HOWELL ST DUNEDIN, FL 34698

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print [illegible] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on a record review and interview, the facility failed to maintain the employment status of employees within the background clearinghouse employee roster, within ten-business days of hire for two (Staff A and Staff B) of the three sampled	CZ814		

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CZ814	Continued From page 1 employees. Findings included: A record review of Staff A, Assistant Administrator/Caregiver's employee record conducted on revealed that Staff A who was hired on was not listed on the facility's background clearing house roster. A record review of Staff B, Caregiver's employee record conducted on revealed that Staff B who was hired on was not listed on the facility's background clearing house roster. During an interview with the facility Administrator conducted on at 10:46 AM, the Administrator confirmed that Staff A and Staff B were not listed on the facility's background clearing house roster. Unclassified	CZ814		
A 000	Initial Comments A complaint investigation (complaint #2023002823) in conjunction with a generator monitoring survey was conducted at Sunrise Gardens of Dunedin on . Deficiencies were identified at the time of the survey.	A 000		
A 079 SS=G	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week:	A 079		

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A 079	Continued From page 2	A 079		

Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week

0-5	168
	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , ,

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A 079	Continued From page 3 ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.	A 079		

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A 079	Continued From page 4 (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified	A 079		

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A 079	Continued From page 5 in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the required minimum staffing hours per week putting one (Resident #2) of the five sampled residents at risk for potential harm. Findings included: During an interview with Resident #3 conducted on at 9:40AM, Resident #3 stated that Resident #2 has an , , once a month at 4:45AM and that they often can't find a staff member to let the out of them facility as the doors get locked at 7PM.	A 079		

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A 079	Continued From page 6 During an interview with Resident #2 conducted on at 9:40AM, Resident #2 confirmed that they have an , , once a month at 4:45AM and that they often have to let themselves out through the patio which is challenging for them as the walker and wheelchair do not fit on the pathway. Resident #2 also stated that she has in the patio area previously. She went on to mention a recent where she just injured her . During an observation of the patio area conducted on at 9:35AM, the patio was observed to have various plants, chairs, and tables making the pathway too narrow to fit a wheelchair or walker. During an interview with the Administrator conducted on at 10:46AM, the Administrator confirmed that Resident #2 had on the day prior to survey and injured one of her . A record review of Resident #2's health assessment form dated for conducted on revealed that Resident #2 required a manual wheelchair for mobility and required a one person assist for task completion. A record review of the facility's incident logs conducted on , revealed that Resident #2 had a on the patio on at 8:30PM with no injuries noted. A record review of the staff schedule for the week of through conducted on revealed that the facility had 176	A 079		

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A 079	Continued From page 7 staffing hours for a census of 7 residents which was less than the required 212 hours. During an interview with the Administrator conducted on at 11:43AM, the Administrator was in agreement that the facility required more staffing hours. (Photographic evidence obtained) Class II	A 079		