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
	AL11965934	A. BUILDING: _____ B. WING _____	05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERLY RESIDENCES, CORP	870 NE 5 STREET HIALEAH, FL 33010

(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 A re-licensure survey was conducted at Sunshine Elderly Residences, CORP on [redacted] to [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a written record, updated as needed, of any significant changes, or any illness for two out of six (Residents #5 and #6) sampled residents. Findings included: 1) A review of Resident #5's record showed she was admitted on [redacted] and has a diagnosis of generalized [redacted] major [redacted] with [redacted] type 2,	A 025		

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A 025	Continued From page 2 [illegible] of [illegible], of both lower extremities, [illegible] of [illegible], benzodiazepine dependence. The health assessment dated [illegible] showed the physician indicated the resident was independent with ambulation, [illegible], eating, toileting, and transferring and needed supervision with bathing and toileting. On [illegible] at 12:16 PM, the Administrator stated that Resident #5 was [illegible]. He stated he called an ambulance, and the resident was transferred to the hospital and he informed the resident's son. A review of Resident #5's record did not have documentation that the primary physician and family member were notified. 2) A review of Resident #6's record showed she was admitted on [illegible] and has a diagnosis of combined [illegible], severe [illegible], and right hallux [illegible] / ingrown toenail /onychomycosis. The health assessment dated [illegible] showed the physician indicated that the resident was independent with ambulation, bathing, eating, and self-care, and needed supervision with [illegible], toileting, and transferring. On [illegible] at 12:10 PM, Staff B stated Resident #6, [illegible], in the facility. She stated the resident was fine when she went to bed the night before. She stated she found the resident on the floor in his room when she woke up around 5:00 AM. She stated the resident was	A 025		

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A 025	Continued From page 3 . . . . . and . . . to the touch and then she called rescue and the owner. On at 12:27 PM, the Administrator stated Staff B said she woke up and found Resident #6 on the floor around 5:00 AM and then she called rescue. He stated rescue came and checked the resident. He stated Resident #6 . . . in the middle of the night. On . . . . . at 1:16 PM, the Administrator stated, that rescue came to the facility, and rescue called the police. The Administrator stated rescue asked for the [Resident #6] primary physician's phone number. The Administrator stated rescue spoke to the resident family and told the resident son and daughter to call the funeral home and the funeral home picked up the body. A review of Resident #6's record did not have documentation that rescue was called, or the primary physician and family members being notified. Class III	A 025		
A 078 SS=D	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	A 078		

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A 078	Continued From page 4 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 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	A 078		

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A 078	Continued From page 5 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 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 interview and record review, the facility failed to ensure that staff performed their duties consistent with their level of training, preparation, experience, and qualifications for one out of six (Staff B) sampled staff. A resident was found unresponsive, did not have a . . . . . ( ), and staff did not initiate . . . . . ( ). Findings included: A review of the admission & discharge log showed Resident #6 at the facility on . . . . . . On . . . . . at 12:10 PM, Staff B stated, Resident #6 , , in the facility. Staff B stated, the resident was fine when she went to bed the night before. She stated she found the resident on the floor in his room when she woke up around 5:00 AM. Staff B stated she did not perform because the resident was and to the touch. Staff B stated	A 078		

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A 078	Continued From page 6 she called the rescue and the owner. She stated she was never told to do by the 911 operator. A review of Resident #6's record found no documentation that the resident had a in place. A review of Staff B's record showed that the training was dated . On at 12:27 PM, the Administrator stated Staff B woke up and found Resident #6 on the floor around 5:00 AM. The Administrator stated Resident #6 in the middle of the night. He stated Staff B called rescue and, rescue came and checked the resident. The Administrator stated the resident did not receive . Class III	A 078		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_	A 093		

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A 093	Continued From page 7 Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as	A 093		

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A 093	Continued From page 8 served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on	A 093		

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A 093	Continued From page 9 . . . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to document substitutions before or when the meal is served. Finding include: A review of the facility's posted lunch menu for . . . . . , revealed the residents should have been served the following items for lunch: roasted chicken (4 ounces), mashed potatoes (1 cup), mixed vegetables (cup), and pears (cup). On at 12:20 PM, observation showed the residents were served roasted pork, , . . soup, rice, and sweet plantains. Further review of the menu showed no documentation of substitutions were made. On . . . . . at 1:10 PM, the Administrator acknowledged that changes to the menu were not noted on the menu. Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 10 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by:	A 152		

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A 152	Continued From page 11 Based on observations and interview, the facility failed to ensure the facility was maintained free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings included: On at 9:30 AM, observed that the window in the bathroom rusted and did not close properly. The ceiling in the hallway had a hole. The kitchen had cracked tiles. On at 1:15 PM, the Administrator acknowledged that the facility needed some repairs. Class III	A 152		