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
	AL11953274	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ADULT CENTER CORP	180 WEST 13 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 Complaint Investigation CCR 2013002428 was conducted on . . . . . At Sunshine Adult Center Corp. There where deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, 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 individual. (c) 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide appropriate supervision of 2 (#1 & 2) of 19 surveyed residents. Findings included: On at 10:58 Hialeah Police Officer on his incident report stated; Upon arrival I made contact with the complaintant who said he and another resident at the ALF were arguing about the television, when the other person I him and punched him in the stomach. The nurse on duty staff #10 stated she observed both males arguing and broke it up shortly after, no physical contact was made. Complaintant has no visible signs of injury. Complaintant refused rescue. On at 11:09 a.m. staff #10 stated; " resident #1 came out of the TV and stated that resident #2 had hit him and then resident #1 called the police. When the police officer arrived he saw that resident #1 and resident #2 were both altered and then the police officer took them to their , told them to calm down, he took the statements. They both stayed in their once the police officer left. I didn't see resident #2 hit resident #1. The policeman said he checked resident #1 and didn't find any marks on him. Once it was all over they stayed in their , I don ' t remember if I told anyone in the staff about the incident afterwards. " Class III	A 025		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be	A 077		

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A 077	Continued From page 2	A 077		

under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter.
(a) The administrators shall:
1. Be at least ;
2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least ; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency

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A 077	Continued From page 3 Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility's administrator failed to ensure 2 of 19 (resident #1 & 2) residents were supervised by adequately trained staff who were able to provide adequate care. Findings Include: On at 11:09 a.m. caretaker #10 stated; " Resident #1 came out of the TV and stated that resident #2 had hit him and then resident #1 called the police. When the police officer arrived he saw that residents #1 & 2 were both altered and then the police officer took them to their , told them to calm down, he took the statements. They both stayed in their once the police officer left. I didn ' t see resident #2 hit resident #1. The policeman said he checked resident #1 and didn ' t find any marks on him. Once it was all over they stayed in their , I don ' t remember if I told anyone in the staff about the incident afterwards. " On at 11:45 a.m. administrator stated; I didn ' t know about the incident, we have notes on any incident dealing with the police or 911, we didn ' t know about this incident. " Class III	A 077		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sunshine Adult Center Corp
180 West 13 Street
Hialeah, FL 33010

Dear Administrator:

Re: CCR #2013002428

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Kristal Branton, Health Facility Evaluator Supervisor at Kristal Branton, Health Facility Evaluator Supervisor.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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Miami Field Office
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