| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965934 | 02/19/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sunshine Elderly Residences, Corp** | **870 Ne 5 Street Hialeah, FL 33010** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Change of Owner (CHOW) survey was conducted on Sunshine Elderly Residences, CORP. had deficiencies at the time visit.

**0055-Medication - Storage and Disposal 58A-5.0185(6) FAC**

Based on observations and staff interview the assisted living facility failed to keep medications cabinet locked at all times.

Findings include:

On at 09:30 a.m., observed medication ' s cabinet next to staff during tour.

On at 09:30 a.m., staff C states, " When you arrived, I forgot to lock it."

On at 12:00 p.m., during medication observation , medication cabinet was left unlocked, staff C states, " I forgot again. "

On 2:24 p.m. staff A administrator confirmed findings.

Class III

**0093-Food Service - Dietary Standards 58A-5.020(2) FAC**

Based on observations, record review, and interview the assisted living facility failed to provide nutritious meals with a variety of foods. The facility failed to provide substituted items with comparable nutritional value for lunch.

Findings include:

On at 08:10 a.m., during the facility tour the menu was observed in the sitting bulletin board with the following listed meal: Pork meat (3oz), white rice (1 cup), broccoli cream (1 cup), tomatoes and lettuce ½ cup, and 1 cup of fresh fruit substituted sweet bread pudding.

On at 12:00, lunch observation revealed residents # 2 and 4 are served: Pork meat (3oz), white rice (1 cup), broccoli cream (1 cup), tomatoes and lettuce (½ cup), and 1 cup of fresh fruit substituted sweet bread pudding and water. Residents sat at the dining table. Only two residents are eating on the table / Residents #2, 4/ Surveyor ask for resident # 3 only because resident #1, 5 are at PACE Program. Staff (C) answers, " He is in his

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; however, he will eat as soon as residents # 2 and #4 finish eating." " He eats alone because he coughs while he eats, and the others residents complaint about it."

On at 12:20 p.m., observe resident # 3 meal preparation: Staff # C takes (1/2 cup) of tomatoes and (1/2 cup) of lettuce and blends it together. Next, she mixes the broccoli cream with blended salad and pours it into a bowl; it looks like a green soup. At 12:25 p.m. resident # 3 sits at the table with the blended food, a piece of sweet bread pudding and a cup of water and starts to eat. Resident # 3 states, " It is good." Resident # 3 drank all his soup. That was his entire lunch.

On at 01:21 p.m., record review reveals that Resident #3 admission information dated on shows resident #3 weighting 142 pounds and height 1.77 (5.8 feet). On documented 1823 assessment, there is no weight or/and height recorded (Diet records as regular.) There is a prescription dated (puree) . Swallowing problems.

Weight sheet with the following information:

134.7 (the previous information was covered with whiteout)

134.2 pounds

132 pounds

Resident interview reveals:

On at 10:34 a.m. Resident # (3) states, " I am vegetarian and I am tired of drinking soup. I feel weak, I have lost weight. " , " I have a problem here with the food; I have talked to Chela, but they have not fixed it." " I would like to eat fresh fruit, too. They do not provide fresh fruit to eat. "

On at 12:30 p.m. Staff C states, " Resident #3 is vegetarian, and he has swallowing problems. We blend his food. It is easier for him to eat it.

On at 1:00 p.m. Staff D states," Resident #3 coughs a lot while he is eating. He eats puree."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunshine Elderly Residences, Corp
870 Ne 5 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 (305) 593-3100

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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