STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	05/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Adult Care	4102 Cooley Court Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Sunrise Adult Care. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to ensure proper [redacted] control procedures were followed when assisting 4 out of 4 residents (#1, #2, #3, and #4) who require assistance with self-administration of medication.

The Findings Include:

A medication pass observed on [redacted] beginning at 9:14 AM, revealed Staff C did not sanitize his hands prior to assisting Resident #1 with his medication.

Observations at 9:23 AM, 9:32 AM and 9:49 AM for Residents #2, #3, and #4, respectively, receiving assistance with their medication revealed Staff C did not sanitize his hands after or prior to dispensing medications to each resident. Staff C was observed popping medications out of their original packaging into the hands of all 4 residents. Staff C's hands were observed touching the residents' hands during this medication observation.

In an interview conducted on [redacted] at 3:20 PM, Staff C acknowledged the findings.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to ensure menus were dated and kept on file for 6 months and that a current menu was posted or easily available to the residents.

The Findings Include:

During a tour of the facility conducted on beginning at 8:20 AM, the only menu observed was posted on a bulletin board in the kitchen. The kitchen door was observed locked at 12:32 PM and 2:15 PM. In an interview conducted on at 10:35 AM, Resident #1 stated he did not know what was on the lunch menu and stated, "I just eat whatever they give me."

In an interview conducted on at 3:25 PM, Staff C reviewed the 4-week cycle menus and stated they did not have any dates because they were laminated and he uses the same menus every 4 weeks. In addition he stated he did not keep 6 months of regular and therapeutic diets since, "Each month has the same menu."

Since no dates were listed on any of the menus, it could not be discerned what the exact menu was for the day.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a safe living environment maintained free of hazards.

The Findings Include:

During a tour of the facility conducted with Staff C (Administrator) on beginning at approximately 10:00 AM, the following was observed (photographic evidence obtained):

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1. Resident #1's

... Electrical socket loose with a gap on the right-hand side posing a potential safety hazard.

b. Discolored toilet seat.

2. Resident #2 and #3's shared

... Closet doors with numerous yellow-colored stains.

3. Resident #4's

.. Wall beside resident's bed had a small hole in it. Resident #4 stated on at approximately 8:35 AM, that the hole has been there since he came to the facility approximately 5 to 6 years ago.

b. Drywall cracked and peeling off along along the bottom edge of the wall across from resident's door.

4. Living kitchen

a. Ceilings with old water stains (brownish in color) in both areas. Cracks next to water stains on kitchen ceiling. In an interview conducted on at 10:15 AM, Staff C confirmed they were water stains that came from a leak occurring approximately 2 to 3 months ago at the home.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	**05/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunrise Adult Care	**4102 Cooley Court Lake Worth, FL 33461**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunrise Adult Care
4102 Cooley Court
Lake Worth, FL 33461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **. 2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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