STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03
OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - Do S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 06/0 Sunshine Assisted Living. 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 observations and interview, it was determined the facility failed to perform medication tasks/duties for a resident in a safe and sanitary manner.

The findings include:

Staff A was observed putting on a clean pair of gloves, opening a packet containing an Exelon .3 mg/24-hour patch to be applied daily, and writing the date on the patch. Review of Resident #2's MOR revealed the staff failed to document assistance provided to the resident with this medication on A stated she forgot to sign her initials. When asked by this writer what date was on the old patch, Staff A picked it out of the garbage can, which was filled with other trash, with her gloved hand to look at the date. She did not change her gloves prior to putting on the new patch on Resident #2.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interviews, the facility failed to ensure that proper procedures were followed for assisting with self-administration of medication, for 3 out of 4 residents (Residents #2. #3, and
#4) with 1 out of 1 staff members (Staff A) observed during medication pass.

The Findings Include:

1. Upon arrival to the facility on at 7:55 AM, Staff A, (a Home Health Aide (HHA) and Certified Nursing Assistant (CNA)) stated she had prepared some of the residents' medications and was planning on dispensing them after breakfast. Staff A showed this writer a bowl in the refrigerator that she stated was medications crushed in applesauce for Resident 2. Staff A also stated she had pre-poured one pill (which she did not identify) observed in a small metal cup for Resident #2. She stated Resident #2 did not need this medication crushed as she could swallow it. Staff A showed this writer another bowl in the refrigerator that she stated was medications crushed in oatmeal for Resident #4. A small metal cup was observed on the kitchen counter containing 6 pills. Staff A stated the pills were for Resident #3.

2. A Review of Resident #3's Medication Observation Record (MOR) for the month of 2014, indicated the following medications to be dispensed at 8 AM.

a) 10 mg, 1 tablet every other day
b) 20 mg, 1 capsule every day (qd)
c) 50 mg, 1 tablet qd
d) Novasc 5 mg, 1 tablet two times a day
e) 8.6 mg, 2 tablets
f) 10 grams/15 ml, 2 tablespoons (30 ml)
g) Powder, dissolve 17 gram in 8 oz. of water/juice

During the medication pass observed beginning at 8:45 AM, approximately one hour after medications had been crushed and pre-poured, Staff A was observed providing the medications to the resident, she did not tell Resident #3 the names of the medications. In an interview conducted on at 8:53 AM, Staff A stated Resident #3 knows what pills she is taking so, "I do not tell her."

Further observations revealed Staff A did not dispense or the Power to Resident #3. On at 8:53 AM, Staff A was asked why she did not give to Resident #3. She stated she, "skips a day every now and then," if the resident does not have a bowel movement. She stated Resident #3 gets most of the time. A review of Resident #3's current MOR and the label did not indicate parameters to hold for any reason. Staff A stated she did not give Powder to Resident #3

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

because she had a bowel movement the previous night. Resident #3's current MOR and the directions on the ... Powder listed no parameters where it should be held for any reason.

3. A review of Resident #4's Medication Observation Record (MOR) for the month of ... 2014, indicated the following medications to be dispensed at 8 AM.

a) ... 100 mg, 1 capsule qd
b) ... 81 mg, 1 tablet qd
c) ... 75 mcg, 1 tablet every morning before breakfast
d) Therems-M, 1 tablet qd
e) ... 50 mg, 1 tablet qd
f) ... 1 mg, 1 tablet ...
g) ... 0.1% cream, apply to affected area as directed
h) ... 100,000 unit/gm, apply to affected area as directed

During the medication pass on ... at 9:00 AM, Staff B gave Resident #4 an oatmeal bowel with crushed medications inside that were prepared prior to surveyors' entrance into the facility. Staff A stated that she sometimes gives Resident #4 her medications whole versus crushing them depending on how the resident is doing that day. Record review revealed there were no physician's orders on file indicating to crush the medications. Staff B did not tell Resident #4 the names of the medications. She stated, "The resident wouldn't know anyhow."

4. A review of Resident #2's Medication Observation Record (MOR) for the month of ... 2014, indicated the following medications to be dispensed:

a) ... 100 mg, 1 capsule qd (hold for loose stool)
b) Vit D2 1.25 mg, 1 capsule monthly on Sunday
c) ... 13.3 mg/24 hour patch, apply 1 patch every day, rotate site
d) Multi-v ... 1 tablet qd
e) ... 20 mg, 1 capsule before breakfast
f) ... 50 mg, 1 tab qd

During medication pass on ... at 9:20 AM, Staff A stated ... were crushed for Resident #2 and put in applesauce because she has a swallowing problem. Staff A did not tell Resident #2 the names of the medications. A record review of Resident #2's current Health Assessment (AHCA Form 1823) dated ... lists ... as one of her diagnoses. Further record review revealed there were no physician's orders on file to indicate Staff A could have medications crushed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During the medication pass Staff A dropped a capsule of [redacted] on the floor and disposed of it properly. Resident #2's MOR indicated [redacted] 100 mg, 1 capsule to be given every day. She stated she would not give the resident another [redacted] pill because she would have to use the pill for [redacted] and then, "I would be short one (pill)." Staff A did not write that a pill was dropped on the floor on Resident #2's MOR. When this writer explained that Staff A could call the pharmacy and they could replace the pill, she stated, "I didn't know I could do that."

During an interview conducted on [redacted] at 1:40 PM, the facility's Designee stated she could not find any script for Resident #2 or #4 indicating to crush medications.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interviews, the facility failed to ensure that the Medication Observation Records (MORs) were accurately completed, for 3 out of 4 residents (Resident #1, #2, and #4).

The Findings Include:

1. A review of Resident #4's MOR revealed no staff initials next to the 8:00 PM dosage on [redacted] for 100 mg, 1 capsule to be given twice a day. Staff A stated on [redacted] at approximately 9:00 AM, that she forgot to sign off on the medication.

2. A review of Resident #2's MOR revealed staff initials on [redacted] and [redacted] for [redacted] D2, 1.25 mg, indicating 1 capsule to be given monthly on Sunday. Staff B, stated she did not give [redacted] D2 to the resident when she was working on [redacted] and [redacted] but stated she signed off in error. Further review of Resident #2's MOR indicated no initials next to [redacted] for her [redacted] patch to be applied every day. Staff A stated she forgot to sign her initials indicating she put the patch on the resident.

3. A review of Resident #1's MOR for the month of [redacted] 2014 was conducted as the resident had received her medications prior to surveyors' entrance; according to Staff A, as the resident gets up early. Resident #1's MOR indicated Oyster Shell 250 mg plus [redacted] 1 tablet to be given twice a day. There were no initials documented on [redacted] for the 8:00 PM dosage. Staff A stated she forgot to sign off that she gave the medication. Further review indicated no initials next to Resident #1's [redacted] for [redacted]. Staff A stated she did not give the resident her [redacted] because she refused. Staff B stated the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

resident was acting out. There was no indication on the resident's MOR that the resident refused . There were no initials next to on . Staff A stated she forgot to write her initials indicating she gave Resident #1 the medication on . Resident #1's MOR indicated 100 mg to be given twice a day. There were no initials next to . Staff A stated she was busy and forgot to sign off on the medication, but knew she gave the resident all of her medications.

Lotrisone cream was observed in Resident #1's bin of medications. The label stated to apply cream to the back and twice a day until healed. Review of the MORs for the month of 2014 revealed the Lotrisone was not listed for Resident #1.
In an interview conducted on at approximately 9:45 AM, the Operations Manager at the resident's pharmacy stated Lotrisone was inadvertently dropped off the MOR and she would populate it for y's MOR.

In an interview conducted on at 9:55 AM, the facility's Designee stated the staff typically receive the new MORs on the 28th of each month and compare them to the previous month to see if any medication had been dropped off the record. She stated the staff must have missed this medication. Staff A stated that a nurse from Vitas was present on and applied the cream early in the morning.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, the facility failed to ensure that all employees had documentation within their file from a physician indicating they are free from on an annual basis, for 1 out of 3 staff members (Employee C).

The Findings Include:

A record review of the personnel file for Employee C, a Certified Nurse Assistant (CNA), indicated a hire date of . Further review of the file revealed it did not contain documentation of an annual test for this employee.

On at 1:55 PM, the facility's Designee was interviewed and acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure required in service trainings were completed, for 2 out of 3 sampled staff members (Staff B and C) .

The Findings Include:

1. Record review of Staff B's personnel record revealed a hire date of . Further review indicated Staff B did not have a certificate of completion for the following trainings: emergency preparedness and evacuation, incident report training, resident rights training, and recognizing and reporting . neglect and .

2. Record review of Staff C's personnel record revealed a hire date of . Further review indicated Staff C did not have a certificate of completion for the following trainings: elopement response policies and procedures and safe food handling procedures.

During an interview with the facility's Designee on at approximately 1:45 PM, she acknowledged the findings and stated no further documentation was available for review.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and an interview, the facility failed to ensure that employees had obtained 2 hours of annual training in Assistance with Self-Administered Medication and Medication Management. for 1 out of 3 sampled staff members (Staff B).

The Findings Include:

Record review of Staff B ' s, personnel file revealed medication training (4 hours) was completed on . Further record review revealed no documentation of 2 hours of continuing education training on providing assistance with self-administered medications. Further review revealed Staff B was a Home Health Aide (HHA) with a date of hire of . During an interview with Staff B, on at 10:30 AM, she stated she assists residents with medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	6513 Nw 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During an interview conducted on at approximately 1:45 PM, the facility's Designee acknowledged the findings and stated no further information was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that all staff had documentation of a 1 hour training on the facility's policy and procedures regarding for 1 out of 3 sampled staff members (Staff C).

The Findings Include:

Review of Staff C ' s personnel file on revealed that Staff C, hired on had no documentation indicating completion of a 1 hour in-service training in the facility's policy and procedures regarding within 30 days of employment.

During an interview conducted on at 1:45 PM, the facility's Designee acknowledged the findings and stated no further documentation was available for review.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on interview and record review, the facility failed to ensure that 1 out of 3 staff members (Employee C), who provide direct care to residents, had a current Level 2 background screening completed.

The Findings Include:

During a record review of the personnel file for Employee C, a Certified Nursing Assistant (CNA), revealed a date of hire of . Further record review revealed no documentation of a Level 2 background screening. On , the Agency for Health Care Administration (AHCA) Background Screening Unit was contacted and confirmed that there were no background screening results available because it expired and needed to be resubmitted for this employee. Employee C's work schedule was reviewed and indicated that Staff C had been working in the facility and providing services to clients on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	**06/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Assisted Living, Inc.	**6513 Nw 55th Street Coral Springs, FL 33067**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

a full time basis since .

During an interview on at 1:45 PM, the facility's Designee acknowledged the findings and stated no further documentation was available for review.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunshine Assisted Living, Inc.
6513 NW 55th Street
Coral Springs, FL 33067

Dear Administrator:

Re: Relicensure

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 **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 561 381-5850.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida