STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Days Retirement Home Inc	2402 Greenacre Rd Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint survey #2014004541was conducted on . . . . . Sunny Days Retirement Home, LLC 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 maintain an inside temperature comfortable for 6 of 6 Residents (#1, #2, #3, #4, #5 and #5); the telephone numbers for emergencies and for lodging complaints was not posted in full view in a conspicuous location accessible to all residents.

Findings:

Upon arrival at the facility there were two residents sitting outside on the porch reading.

During an interview with resident #1 at approximately 2:05PM revealed she was hot and she either goes outside or tells the owner.
Interview with resident #2 on . . . . at approximately 2:10PM revealed that she is hot inside her . therefore she uses her fan

When entering the home it felt warm. During the tour it was observed that there were ceiling fans on in some of the . . . . . The staff on duty was observed to be standing in the kitchen in front of a fan.

Observation of the thermostat, located in the living . . . . . at approximately 2:05 PM showed the inside temperature was at 86 degrees. Observation of the thermostat, located in the hallway going towards the resident's . on . . . . at 2:07 PM showed the inside temperature was at 85 degrees. The outside temperature was approximately 90 degrees. All 6 of the residents stated that they were hot.

The following interviews were conducted with the residents:

1. During an interview with resident #1 at approximately 2:05 PM revealed she was hot and

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she either goes outside or tells the owner.
2. Interview with resident #2 on ..... at approximately 2:10 PM revealed that she is hot inside her , therefore she uses her fan.
3. Interview with resident #3 on at approximately 2:15 PM stated she is hot in the house but uses her fan.
4. Interview with resident #4 on ..... at approximately 2:30 PM was observed laying on the couch in the living ..... when asked if she was hot she pointed to the thermostat above her head, the thermostat read 86 degrees. The resident further stated when she is hot she asks the staff to put a fan on her.
5. Interview with resident #5 on at approximately 3:00 PM stated when it is hot she calls the owner to have the air turned on because the staff are not allowed to lower the thermostat.
6. Interview with resident #6 on at approximately 2:40 PM stated when she is hot she talks to staff or asks the owner to turn on the air.

Interview with the staff on duty revealed that she was hot, but was not allowed to adjust the thermostat. The staff was observed with sweating on her forehead, when asked what was wrong she stated that she had a .....

The owner arrived approximately thirty minutes later, observation of owner's when she entered the facility revealed one of the first things she did was lower the thermostat. The owner was also observed at approximately 3:00 PM sitting on the couch in the common area, fanning herself with a legal .

Building Code for Assisted Living Facility 434.4.2.2 states: "During daytime hours when outside temperatures exceed 90 degrees, and at night, an indoor temperature of no more than 81 degrees must be maintained in all areas used by residents. During an interview with the owner at 3:50PM, she stated she did not know the temperature was of any concern and that it could be turned lower.

Observation at approximately 2:47 PM on ..... showed the emergency telephone numbers and numbers for lodging complaints on a bulletin board in the common area were hidden under several other pieces of paper. Interview with Owner at approximately 3:30PM on ..... - owner stated she did not know the telephone numbers for emergencies and for lodging complaints needed to be in a conspicuous location and accessible to the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunny Days Retirement Home Inc
2402 Greenacre Rd
Apopka, FL 32703

Dear Administrator:

Re: CCR #2014004541

This letter reports the findings of a state licensure 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 **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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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