STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
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 - 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 - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0182 - 58a-5.026(3) Fac - Emergency Mgmt - Plan Implementation S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2015000760, was conducted on and at Sunny Residence,Inc.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 record review and interview, the assisted living facility failed to provide at least 45 days' notice of relocation or termination of residency from the facility to the Resident or the Residents' representative for 1 of 3 (Resident #2) sampled residents.

The findings Include:

A review of the facility's progress notes for Resident #2 revealed an entry dated indicating that Resident #2 had been transported to the hospital emergency due to leg pain. In an interview conducted on at 8:50 AM with the daughter of Resident #2 she stated that on when she brought her mother back to the facility Staff A would not let her in and told her that the Administrator told her to not let her in. She states she called the Administrator and the facility gave her, Resident #2's belongings. She stated she never received a notice of discharge from the facility.

In an interview conducted on at 3:42 PM with the Administrator, she confirmed that she never issued Resident #2 or the family a 45 day notice of discharge. In an interview conducted on at 4:00 PM with Staff A, she states that on Resident #2's daughter came to the door requesting the wheelchair and walker for the resident, as she wanted to bring the resident back in, she told her she was instructed, by the Administrator to not let her in.

A review of Resident #2' s facility contract dated reveals on page 3 item #5 after admission any decision to retain or discharge the resident will be made by the owner or administrator based on the same criteria used to determine admission. If the residents condition changes so that they are no longer appropriate to reside in the facility the provisions of the contract will be followed with regard to notifying the responsible party and moving the resident when notice is given and if responsible persons

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

have not moved the resident within 30 days the appropriate social service agency will be contacted for assistance.

A review of the Facility' s Admission Retention and Discharge Policy reveals " upon admission and throughout the resident stay the resident will be monitored to determine if the level of care the resident requires meets the care and service the facility is licensed to provide. If the administrator determines that the resident has a change of status requiring a higher level of care the resident or the responsible party will be notified that a new health assessment must be completed by a healthcare provider within one week. If the assessment determines that the resident requires services beyond that which the facility is licensed to provide,(total assistance), the resident/responsible party will be notified that immediate emergency relocation to a facility providing a more skilled level of care is necessary. The resident/ responsible party will have at least 45 day notice of relocation or termination of residency from the facility unless for medical reasons the resident is certified by a physician to require and emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. The reason for relocation a resident must be set forth in writing. The resident may continue to stay at the facility if the resin responsible party agrees to provide and pay for 24 hour private duty assistance.

A review of Resident #2's record revealed a note dated by her primary care physician revealing that she was ordered physical ,speech and work to be received at the ALF, he did not determine that the resident no longer met ALF criteria.

A review of the facility's progress notes for Resident #2 revealed an entry dated indicating that Administrator spoke to case manager at emergency hospital and voiced concern that facility could not safely care for Resident #2 and no longer met criteria for ALF.

A review of the facility's progress notes for Resident #2 revealed an entry dated at 7 PM indicating that Resident #2 and family returned to the facility and Resident #2's medications, and personal effects were returned to daughter, in presence of law enforcement.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on observation, interview and record review, the assisted living facility failed to ensure 1 out of 4 (staff D) current staff members have a written statement from a health care provider that the individual does not have any signs or symptoms of a communicable within 30 days of employment. The facility also failed to ensure that 2 out of 4 current staff members (Staff A and B) have evidence of a negative examination.

The findings include:

Upon arrival to the facility on at 10:15 AM, was greeted by Staff D who identified herself as the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Assistant Administrator. In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM, Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them, plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.
A record review of Staff A's personnel record revealed the last annual negative exam was conducted on

A record review of Staff B's personnel record revealed the last annual negative exam was conducted on In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's.She also reviewed the files of Staff A and Staff B and confirmed the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review ,observation, and interview, the facility failed to ensure that all direct care staff members received the required in-service trainings within 30 days of employment, for 2 out of 4 sampled employees' records reviewed (Staff B and Staff D) .

The Findings Include:

Review of Staff D's (hire date personnel file revealed the record lacked documentation indicating the employee received the required 1 hour in-service trainings covering :
a) Resident Rights

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
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Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

b) Recognizing/Reporting , Neglect and

Review of Staff D's (hire date) personnel file revealed the record lacked documentation indicating the employee received the required 1 hour in-service training covering :

a)Reporting Major incidents
b) Reporting adverse incidents

Review of Staff D's (hire date and Staff B's (hire date) personnel files revealed the records lacked documentation indicating the employee received the required 1 hour in-service training covering :

a) Elopement response policies and procedures.

In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them, plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since , and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's. She also confirmed that Staff B provides direct care to residents and reviewed the file and confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0082-Training - 58A-5.0191(3) FAC

Based on observation and interview the assisted living facility failed to ensure that 1 out of 4 (staff D) current staff members have the required and training within 30 days of employment.

Findings include:

Upon arrival to the facility on at 10:15 AM, was greeted by Staff D who identified herself as the Assistant Administrator. In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM, Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them, plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's.

Class III

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

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding , for 2 out of 4 sampled staff records reviewed (Staff B and D) .

The Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A record review conducted on revealed that Staff B, with a hire date of , had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

A record review conducted on revealed that Staff D, with a hire date of , had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable she does not have a Level 2 background screening , a job description , documentation of any training's. She also reviewed the personnel record of Staff B and confirmed that the file lacked the required training.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation and interview the assisted living facility failed to maintain a personnel record for 1 out of 4 (Staff D) current staff members which includes the following: a copy of an employment application with references, documentation verifying freedom from signs and symptoms of communicable compliance with all required staff trainings, a job description, Level 2 background screening .

The findings include:

Upon arrival to the facility on at 10:15 AM, was greeted by Staff D who identified herself as the Assistant Administrator. In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM, Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since , and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's.

Class III

0182-Emergency Mgmt - Plan Implementation 58A-5.026(3) FAC
Based on interview, it was determined the facility failed to ensure that 1 out of 4 (staff D) current staff members are trained in their duties and are responsible for implementing the emergency management plan.

The findings include:

Upon arrival to the facility on at 10:15 AM, was greeted by Staff D who identified herself as the Assistant Administrator. In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM, Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them, plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	02/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	9001 SW 20th Street Miramar, FL 33025	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observations and interview the facility failed to ensure that a Level II Background Screening was obtained as required in 1 of 4 staff (Staff D) records reviewed.

The findings include:

Upon arrival to the facility on at 10:15 AM, was greeted by Staff D who identified herself as the Assistant Administrator. In an interview conducted on at 10:20 AM with Staff D, she states that she acts as the Assistant Administrator when the Administrator is not present, she also states that she works with the residents and conducts activities with them, such as exercise, games and etc. Upon further questioning she changed her statement and stated she was a volunteer and has not received any training at the facility.

In observations conducted on at approximately 10:20- 12:15 PM, Staff D was observed walking throughout the facility, including resident and the office. The residents were not in their at the time.

In an interview conducted on at approximately 3:30 PM with Resident #3, she stated she is treated well. They have activities and Staff D , takes them for walks, does exercise activities with them, plays games with them, and they enjoy it.

In an interview conducted on at 2:27 PM with Staff A, she stated Staff D is the Administrator, she does paperwork, when Administrator is not here. She does some exercise with residents and some activities, she has helped to lift residents, when I call she helps.

In an interview conducted on at 2:05 PM with the Administrator, she stated that Staff D, has been at the facility since , and does office work, conducts activities with residents, she is also called when they need a translator and she has been called when they need someone to assist with transfers of the residents. She confirmed she does not have a personnel file for Staff D to review, she does not have a statement from a health care provider that she is free of signs and symptoms of a communicable , she does not have a Level 2 background screening , a job description , documentation of any training's.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	**02/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Residence, Inc	**9001 SW 20th Street Miramar, FL 33025**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The AHCA Background Screening Database was searched with the name provided by Staff D and the message received was no record found matching given criteria. Further interview with the Administrator confirmed that Staff D did not have a Level II screening completed to reflect she was eligible for employment. She also confirmed that the information provided for Staff D by Staff D was correct.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunny Residence, Inc
9001 SW 20th Street
Miramar, FL 33025

RE: CCR #2015000760

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 (30) 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 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 5000-3547
XG90

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