STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910857	04/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUNSET LOVING CARE INC	9740 SW 77 TERRACE MIAMI, FL 33173	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on / . Sunset Loving Care Inc had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record review, and interview, the facility failed to an updated health assessment for 1 out of 6 (Resident #2) sampled residents who had changes in levels of activities of daily living (ADLs).

Findings included:

Observation on / at 10:30 AM showed Resident #2 was sitting in a recliner in the living . She was alert, awake, and .

Review of Resident #2's record showed she was independent with eating and needed assistance with ambulation, bathing, dressing, , toileting, and transferring on her last health assessment dated . Resident #2 was admitted to hospice on / . The facility did not have an updated health assessment for Resident #2 that documented the changes in her ADLs.
During an interview on / at 1:00 PM, the Administrator stated that Resident #2 needs total assistance with the activities of daily living.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility's Administrator failed to include documentation of having a high school diploma or its equivalent.

Findings included:

A review of the Administrator's personnel record on / revealed that a copy of the high school diploma or its equivalent was not on file.

During an interview on / , the Administrator confirmed the findings and stated that she thought her certificate from completing technical school in Cuba was adequate, but that she will now get a copy of her diploma for the file.
Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interviews, the facility failed to ensure that 1 of 4 sampled employees (Employee D)

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Continued From page 1

completed the required initial 4 hours of medication training. The facility failed to maintain documentation that 1 of 4 sampled employees (Employee C) completed the 2 hours of continuing education in medication training.
Findings included:
A review of personnel files on / revealed that Employee D had not received medication training and that there was no completion date on Employee C's certificate for the completion of the medication update training.
During an interview on / at 8:55 AM, Employee D stated that she lives in the staff provides personal care to the residents.
During an interview on / at 10:15 a.m., the Administrator stated that she would contact the school which had provided the training to find out if they had a sign-in sheet documenting the date of Employee C's attendance. The Administrator also confirmed that Employee D had not attended the training, and said that she would soon.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation and interview, the facility failed to maintain records readily available.

Findings included:

Observation on / at 8:45 AM, showed that the facility records were kept in a locked cabinet.

Interview conducted on / at 8:50 AM, Staff B stated "The facility records were kept in a locked cabinet and the Administrator took the keys with her by mistake today."

The administrator arrived to the facility at 9:01 AM. She opened the cabinet and stated that she took the keys of the cabinet by mistake today.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interviews, the facility failed to ensure that 4 of 4 sampled staff members' personnel records (Administrator and Employees A through C) contained employment references.

Findings included:

During an interview on / at 10:15 AM, the Administrator stated that she had not checked the references since the employees had worked for the former Administrator and they already had personnel files when ownership changed.

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SUMMARY STATEMENT OF DEFICIENCIES
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0161 Continued From page 2

A record review on / revealed that there were no employment references in the personnel records for the Administrator or Employees A-C.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to provide a completed contract for 1 of 6 (Resident #2) sampled residents.

Findings included:

Review of Resident #2's record on / at 10:30 PM, showed the contract for care dated was not signed by the Administrator.

Interview conducted on / at 1:15 PM, the Administrator stated that the contract not being signed was an oversight.

Class

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview, the facility failed to ensure that 1 of 4 sampled employees (Employee C) had a current Level II Background Screening, after an absence of more than 90 days, prior to providing care and services to residents.

Findings included:

A review of Employee C's personnel records revealed a Level II background screening result from the AHCA Background Screening Clearinghouse Database dated for this Caregiver hired

During an interview on / at 9:30 AM, the Administrator said that Employee C had worked with the residents in the past, but had left to work elsewhere for about a year before returning. She stated that she didn't know that Employee C needed a new background check after a break in service of 90 or more days.

During an interview on / at 10:30 a.m., Employee C stated that she had worked for the prior Administrator in the past, but left for a little more than one year to work in a private setting. She said that she had not obtained a new background screen when she returned to work for the facility.

Unclassified Deficiency

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SUNSET LOVING CARE INC	**9740 SW 77 TERRACE MIAMI, FL 33173**	

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Sunset Loving Care Inc
9740 Sw 77 Terrace
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a Change of Ownership licensure survey that was conducted on , 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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