STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910413	04/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUN BAY MANOR II	8820 SW 148 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Sun Bay Manor II had the following deficiencies found at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview the facility failed to have a bed rail order one of six (Resident #1) facility residents.

Findings included:

On at 8:45 AM observed bed of Resident #1 with half bed rails attached.

On at 10:20 AM resident record review found the facility failed to have a bed rail order for Resident #1.

On at 1:30 PM during an interview with the Administrator and Manager, both of them they acknowledged about the findings that the facility did not have the order.

Class III

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

Based on record review and interview the facility failed to ensure 1 out of 3 (Staff C) sampled staff received 2 hours of continue education training for assistance with self-administration of medication.

Findings included:

On at 11:06 AM record review revealed that Staff C did not the required annual 2 hours for assistance with self-administration of medication training. The last training was dated .

On at 1:30 PM during the interview with the Administrator and Manager revealed that Staff C assists residents with self-administration of medication.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to a copy of the facility resident contract and other admission forms for 1 out of 5 sampled residents (Resident #1). The facility failed to ensure 1 out 5 sampled residents (Resident #4) to have a Power of Attorney (POA), Surrogate, or Guardianship documentation in their charts.

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

0162 Continued From page 1

Findings included:

On at 10:20 AM record review of Resident #1's record revealed that resident agreement, smoking policies and procedures, exit policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were not signed either dated by resident or his representative.

On at 1:15 PM during an interview with the Administrator and Manager, both of them they acknowledge about the finding that the documents were not completed.

On at 10:20 AM record review found Resident #4's family member was signing his documents without a POA, Surrogate, or Guardianship notarized properly.

On at 1:30 PM during an interview with the Administrator and Manager, they stated that they were going to try and get a POA.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Bay Manor Ii
8820 Sw 148 Street
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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