STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	06/02/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on at Sunny Residence, Inc. The facility had deficiencies found at the time of the visit.

An unannounced follow-up survey was conducted in conjunction with this survey on the same date. Please see separate report for findings.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review, observation, and interview, the facility failed to ensure 1 out of 3 residents sampled (Resident #8) had a complete physician's examination (AHCA form 1823) on file.

The Findings Include:

A record review of Resident #8's chart revealed an admission date of Resident #8's most recent health examination (AHCA form 1823) is dated The AHCA form 1823 did not note whether Resident #8 required 24-hour nursing or care. It did not document what type of assistance Resident #8 requires for medication. Resident #8 was observed at 11:55 AM needing assistance with self-administration of medication. Page 4 of the form 1823 did not list the medication he is taking. In addition, the AHCA form 1823 did not have an address or phone number for the examiner. In an interview conducted on at 3:15 PM, the Administrator acknowledged the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, it was determined the facility failed to maintain an accurate work schedule reflecting the facility's 24-hour staffing pattern.

The Findings Include:

A review of the posted staffing schedule for the month of 2015 revealed the following hours for the current week of through

a. - Staff B, 12 hours = 12 hours
b. - Staff D, 4 hours. Staff E, 12 hours = 16 hours
c. - Staff C, 8 hours, Staff E, 12 hours = 20 hours
d. - Staff C, 8 hours; Staff D, 4 hours,; Staff E, 12 hours = 24 hours

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

0079 Continued From page 1

e. [redacted] - Staff C, 12 hours; Staff B, 12 hours = 24 hours
f. [redacted] - Staff D, 4 hours; Staff E, 12 hours = 16 hours
g. [redacted] - Staff C, 8 hours, Staff B, 12 hours = 20 hours
Hours documented for the current week totaled 132 hours, 80 hours less than what is required for a census of 7.
In an interview conducted on [redacted] at approximately 11:00 AM, the Administrator stated Staff B's last day of employment was [redacted] yet she was listed on the schedule.

The Administrator stated on [redacted] at 2:54 PM , that she works five days a week. She acknowledged that her hours were not documented on all the days she works. She also acknowledged the schedule was not accurate.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interviews, the facility failed to ensure proper paperwork for a legal representative was on file, for 2 out of 3 contracts reviewed (Resident #6 and #8).

The Findings Include:

a) A record review of Resident #8's file revealed an admission date of [redacted] Further review of Resident #8's record revealed a contract that was signed by a family member. There was no Durable Power of Attorney (DPOA) or Health Care Surrogate (HCS) paperwork on file allowing a family member to sign in lieu of the resident.

In an interview conducted on [redacted] at 2:37 PM, the Administrator stated she does not know who the POA and/or HCS is for Resident #8 but confirmed the resident does have a POA. The Administrator stated that she could call the family to find out.

b) A record review of Resident #6's file revealed a contract dated [redacted] The contract was signed by a family member; however, no DPOA or HCS paperwork was on file. During the entrance conference conducted on [redacted] at 9:42 AM, the Administrator stated Resident #6 is on respite care and the family is deciding whether to retain permanent residency status. Further review revealed a Health Assessment (AHCA form 1823) dated [redacted] in Resident #6's chart. Review indicated Resident #6 has resided at the facility since [redacted]

In an interview conducted on [redacted] at 2:54 PM, the Administrator stated she does not know who the POA and/or HCS is for Resident #6 but confirmed the resident does have a POA. The Administrator acknowledged she had no paperwork designating Resident #6's family member as her legal representative.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

Dear Administrator:

This letter reports the findings of a state licensure 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 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 form 5000-3547
XG90

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