STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964404	07/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUNNYDAYS ALF, INC	169 N.E. PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced Biennial Abbreviated Relicensure with Limited Mental Health survey was conducted on . . . . . at Sunnydays ALF, Inc. The facility had deficiencies found at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration followed required standards of practice for 3 of 3 sampled Resident (#3, 4 and 7). As evidence of staff not reading the prescription labels to the residents and not practicing safe sanitation methods of handling medications.

The findings include:

Medication systems review was conducted on . . . . . beginning at 9:15 AM with Employee A (a Medications Technician and Certified Nurse Aide). The following concerns were noted:

1. Resident #4 was observed to receive his medications from Employee A. She did not read the prescription label to the resident nor did she tell him what he was receiving or what it was for.

2. During preparations for assisting Resident #7 with self-administration of medications by Employee A, she was observed to stick her finger into the medication containers and extract a pill from two small medication containers with her finger. She poured multiple pills from two large medication containers into one hand, grasped the pill she needed with her fingers, and poured the extra pills in her hand back in to the large medication container. When she gave the pills to the resident, she did not read the prescription label to the resident nor did she tell him what he was receiving or what it was for.

3. Resident #4 was observed to receive his medications from Employee A. She did not read the prescription label to the resident nor did she tell him what he was receiving or what it was for.
Review of the Health Care Provider order for . . . . revealed the instruction to "rinse mouth with water". During observations, the resident drank water after taking her medication. Employee A did not have the resident spit the water out after taking the . . . . . In an interview conducted . . . . . at 1:45 PM, the Administrator, a Registered Nurse, stated Employee A should have had the resident rinse with water and spit it out.

The above concerns were discussed with and acknowledged by the Administrator on . . . . . at 1:45 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunnydays ALF, Inc
169 N.E. Prima Vista Blvd.
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a Abbreviated state licensure survey with Limited Mental Health 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct an on site visit 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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