STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	07/07/2015
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

0000 Initial Comments

The biennial re-licensure survey with Limited Mental Health was conducted on . . Sunny Days Adult Care Inc., had deficiencies found at the time of the visit.

0162 Records - Resident

Based on resident record review and interview the facility failed to have informed consents signed by the resident or their respresentative that unlicensed staff would be assisting with self administration of medication and not licensed nurseds for 3 of 5 sampled residents (#1, #2 & #3).
Findings:
1. Record review for resident #1 revealed he was admitted on . . . His contract read, "In our facility, staff assisting resident with self-administration will, or will not be overseen by a licensed nurse." The form was not checked for "Will" or "Will Not".
2. Record review for resident #2 revealed he was admitted on . . . His contract read, "In our facility staff assisting resident with self-administration will, or will not be overseen by a licensed nurse." The form was not checked for "Will" or "Will Not".
3. Resident record review for resident #3 revealed he was admitted on . . His contract read, "In our facility, staff assisting resident with self-administration will, or will not be overseen by a licensed nurse." The form was not checked for "Will" or "Will Not ".
In an interview with the administrator on . at approximately 2:30 PM, she stated she overlooked that area of the contract.

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on staff record review and interview, the facility failed to ensure that 1 of 2 sampled staff whom was in a role that required a background screening (BGS), had a Level II BGS prior to working with residents (B).
Findings:
Review of staff B's file revealed she was hired on . . The Level II BGS revealed an eligibility date of . . . .
Review of the staffing schedule revealed staff B worked on the following days and times alone:
- . . from 12 AM to 1:30 PM
- . from 8 AM to 1:30 PM
- . . from 8 AM to 8 PM
- . . from 8 AM to 1:30 PM

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SUMMARY STATEMENT OF DEFICIENCIES
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from 8 AM to 9 PM

A telephone call was placed to the Agency for Health Care Administration background screening (BGS) unit on at approximately 2:15 PM. The BGS representative stated staff B had a Level II BGS and was eligible as of but there were no previous screenings for staff B.

On at approximately 2:30 PM, the administrator stated she did not know the staff had to be eligible prior to being hired. The administrator stated she knew staff B was screened but was not able to provide evidence of the background screen.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunny Days Adult Care Inc
1767 Orchid Ct Nw
Palm Bay, FL 32907

RE: Relicensure w/LMH

Dear Administrator:

This letter reports the findings of a state 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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