STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	10/19/2015
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Complaint (CCR #2015010421) Survey was conducted on and concluded on . Sun Bay Manor had the following deficiencies at the time of survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to discharge 1 out of 13 (#3) sampled residents that no longer met continued residency criteria. The facility also failed to have an updated and complete health assessment for 2 out of 13 (#2 and #4) sampled residents.
Findings included:
Record review found the health assessment dated for Resident #2 showed the question whether the individual needed help with taking his medications was blank, and did not specified which type assistance was needed: self-administration of medications or medication administration.
On at 3:55 PM observed Resident #3 seated on bed in # with ½ bed rail up, protective gloves (white) in both hands, and . Further observations during survey showed Resident # 4 being seated on wheelchair, assisted by Staff AC and D.
Resident #3's wife stated staff had to do everything for Resident #3 in bed. Furthermore, Resident #3 was bedbound and required total assistance with activities of daily living.
On at 9:22 AM Staff D stated Resident #3 needed total assistance with transfer. She stated he did have . She stated we transferred Resident #3 with assistance of two staff to a white to give a bath. She stated didn't wants to help but he cannot stand in his own foot. She stated resident is not in hospices. She stated we have to feed him and give him medications.
Review Record on found Resident #3's health assessment dated showed with diagnoses: ( ), ( ). Nursing /Training in 2 Weeks; if so .
Resident #3 needed assistance with ADL. The facility did not have an updated health assessment available for review with the changes in ADL levels for the resident and the question did the individual need help with taking his medication was blank. The health assessment also did not state whether the resident need assistance's with self-administration or needed medications administered.
Record review showed Resident #4's last health assessment was dated . The facility did not have any other health assessments available to review for the last three years.
Phone interview on at 9:52 AM Staff B stated Resident #3 needed total assistance by staff. She stated I'm working with all residents record to have all the documentation updated (health assessments).
Class III

0030 Resident Care - Rights & Facility Procedures

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	10/19/2015
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

Based on observation, record review, and interview the facility failed to obtain a written physician's order for the use of bed rails for 3 out of 13 (Residents #5, #6, and #7) sampled resident.
Findings included:
Observations on at 3:55 PM showed Residents #5 and #7 in # with half bed rails attached to their beds. Resident #6 was observed in # lying down in bed with full bed rail attached to her bed.
Record review on found Residents #5 (admitted on) and Resident #7 (admitted on) did not have any written physician's order for the use of half bed rails. Further record review found Resident #6's hospice record did not have physician order to the use of bed rails.
Phone interview on at 9:52 AM, Staff B acknowledged the findings that the facility did not have bed rail orders. She stated I'm working with all Residents' records to have all the documentation updated.
Class III

0052 Medication - Assistance with Self-Admin

Base on observation and interview the facility failed to ensure that unlicensed staff providing assistance with self administration of medication to residents ensured that medications were taken for 1 out of 13 (#1) sampled residents.
Findings included:
Medication pass observations on at 5:13 PM, Staff B was observed not wearing gloves. Staff prompted the resident by name and medication names were given to Resident #1. Staff dropped the medication in a plastic cup near the resident's plate and left the medication on the table. Staff B walked to the living answer her phone without observing Resident #1 take the medication. Then Staff B initialed the medication observation record (MOR) for Resident #1.
During an interview on at 5:18 PM Staff B stated Resident #1 did not take medication at that moment but she took it later.
Class III

0053 Medication - Administration

Based on observations and interview the facility failed to ensure that only licensed personnel administered medications to 2 out of 13 (#2 and #3) sampled residents.
Findings included:
Medication pass observations on at 5:27 PM Staff B still not wearing gloves, reviewed medications on the kitchen counter for Resident #2. Staff went to the table to Resident #2 who was sitting in a wheelchair in front of the dining table with his head down with a pillow on wheelchair arm supporting his head. Staff prompted the resident by name and medication names were given to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	10/19/2015
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

resident who did not respond. Staff B placed the medications onto a plastic cup, Resident #2 still not responding. Staff transferred the pills from the plastic cup to spoon. Staff B place her hands on Resident#2 forehead, pushed his head back, and with her bare hands took the pill from the spoon and force it into Resident #2 closed mouth (repeated few times) until spoon was empty.
Further observations on / at 5:40 PM Staff B prompted Resident #3 by name and told the residents the names of the medications while he sat in bed. Staff B placed pill in small plastic cup then walked to the kitchen with medication in small cup and told Staff AC "here is medication for Resident #3" and place cup on the kitchen counter. On / at 5:48 PM Staff B assisted another Resident with medications, while the medications for Resident #3 remained on the counter top till 5:50 PM. On at 6:00 PM medication for Resident #3 was still observed on the kitchen counter without staff supervision.
On at 5:30 PM Staff B stated I give the medications to Resident #2 because he is not reacting. She stated this not happen every day. Further interview with Staff B on at 5:43 PM, she stated I gave the medication for Resident #3 to them (staff) to crushed and added to Resident #3's food.
Class III

0054 Medication - Records

Based on observation, record review, and interview the facility failed to have an accurate Medication Observation Records (MORs) for 3 out of 13 (#1, #3,) sampled residents.
Findings Included:
Medication pass observations on / from 5:13 PM to 5:48 PM found Staff B gave medications to Residents #1, #2, and #3 more than one hour earlier from the time documented on the MORS.
Record Review on showed that the MORs for Resident #1 had the following medication for 8:00 PM: 20 mg (2 times a day morning and nights).
Resident #2 had the following medications at 8:00 PM: Ducusate sod 100 mg (twice a day); 400 mg (twice a day); 20 mg (twice a day); 150 mg (twice a day); Athirst pain 650 mg (once a day); Temazepan 30 mg (one at bed time); 1 mg (twice a day); 15 mg (once a day); 50 mg (once a day); 10 mg (once a day).
Resident #3 had the following medications 7:30 PM, 8:00 PM, and 8:30 PM: 0.4 mg (30 minutes after meal); 5 mg (one tablet every day); tab 10 mg (1 tablet daily) and 50 mg (twice a day).

During an interview on at 5:18 PM Staff B stated Resident #1 did not take medication at that moment but she took it later. Further interview with Staff B on at 5:43 PM, she stated I gave the medication for Resident #3 to them (staff) to crushed and added to Resident #3's food.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	10/19/2015
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to discard abandon medications for out of 4 out of 13 (#9, #11, #12, #13) sampled residents.
Findings included:
Observations on / at 9:30 AM of the medication closet, found medications for Resident # 9 Mono/Mac 100 mg caps (discontinued date); medication for Resident 11 (,) , 20 mg; Medication for Resident #12 (discharge resident) 500 mg medication dated / , 50 mg medication dated , and 100 mg; and Resident #13 , 500 MG (date).
During an interview on at 9:48 AM, Staff B stated I have to discard the medications. She acknowledged deficiencies found. She stated "I can throw away these medications now".
Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to ensure that over the counter (OTC) medications were properly labeled with the resident's name.
Findings included:
Observations on at 9:30 AM found multiple OTC medications in a plastic box in the locked medication closet: 50 mg (dietary supplement), 2 bottle of -S (natural vegetable); A thru Z , Milk of Magnesia ( ).Observations found the medications did not have residents' name on it and only had the manufacturers' label.
During an interview on at 9:48 AM, Staff B acknowledged deficiencies found. She stated "I can I throw away these medications now?"
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility.
Findings included:
Record review on revealed the facility's Administrator supervised three assisted living facilities; and the facility did not have a separate manager appointed in writing.
During an interview on at 7:00 PM, Staff B stated I'm the office manager at this facility. She stated I do not have CORE training. She stated I'm the office manager because I have the responsibility to do everything here at the facility. She acknowledged the facility did not appoint a manager in writing.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	10/19/2015
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.
Finding Included:
Observation on at 3:40 PM during entrance conference found Staff AC and D with eights residents and one daycare participant. Staff B arrived to the facility on at 3:55 PM.
Record review on showed that staffing pattern posted on the facility's board was not dated.
During an interview on at 6:44 PM Staff B stated the staffing pattern is not updated. She stated I have staff that is on vacation, staff from another facility, and staff that is no longer working with us on this paper.
Class III

0161 Records - Staff

Based on record review and interview the facility failed to have personnel records and a background screening results for 2 out of 7 (E and F) sample employees.
Findings included:
Record review on showed that Staff E and F did not have personnel records for review at the facility.
On / the background screening website was reviewed and showed that Staff E (caregiver)'s background screening dated was eligible and Staff F (caregiver)'s background screening dated / was eligible.
During an Interview on / during record review Staff B stated Staff E was on vacation and Staff F worked at the other houses for the same corporation. She stated I do not have the staff record for review here.
Class III

0162 Records - Resident

Based on observations, record review, and interview the facility failed to have resident records for 1 out of 13 (#5) sampled residents. The facility failed to ensure 1 out 13 (# 7) sampled residents to had a power of attorney (POA), surrogate, or guardianship documentation.
Findings included:
On record review found Resident #5 (admitted on) did not have record at the facility for review. Furthermore review Resident #7 (admitted on) showed that her family member (daughter) signed her admission documents including Informed consent to assist with medication by unlicensed personnel dated 9/1 without a documentation of a POA, surrogate or guardianship.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	**10/19/2015**
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

During an interview on / at 1:26 PM private aide for Resident #5 stated the facility did not have documentation here, her son is traveling and did not come to provide documentation. She stated her son coming on Friday.
Phone interview on at 9:52 AM Staff B stated I have the record for the Resident #5 on my desk but he family (son) will come to sign on Friday. She acknowledged deficiencies found. She stated I'm working on residents records to have all documentation.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Bay Manor
8440 Sw 155 Terrace
Miami, FL 33157
RE: CCR #2015010421

Dear Administrator:

This letter reports the findings of a complaint 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com