AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES ,	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965934	11/12/2015
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERLY RESIDENCES, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **870 NE 5 STREET HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Sunshine Elderly Residences, Corp. with Limited Mental Health component had the following deficiencies identified at the time of the survey.

0052 Medication - Assistance with Self-Admin

Based on record review and interview facility failed to have one out of four (#D) sampled employees did not have an up to date training for assistance with self-administration of medication in the file at the time of the survey.

Findings included:

Record review revealed that Employee D (caretaker) has been employed at the facility since . The last certification for the assistance with self-administration of medication for this employee was dated .

Interviewed at 3:00 PM on with Administrator stated, that the employee will be scheduled to take the training as soon as possible and shall have her training in that area for assistance with self-administration of medication by the next survey.

Class III

0162 Records - Resident

Based on record review and interview facility failed to have all six of out of six (#1, 2, 3, 4, 5, 6) sampled residents who require assistance with activities of daily living (ADL's) have their weights completed every six month while living at the ALF.

Findings included:

Record review revealed that Resident #1/2/3/4/5/6 all did not have their weights documented semi annually from the time of admission. Resident #1 was admitted on and the weight taken was on . Resident #2 was admitted on and the last weight in the chart is dated for . Resident #3 was admitted on and the last weight was taken on . Resident #4 was admitted on and the last weight taken for this resident was on .

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Resident #6 was admitted on - and the last weight was taken on -.

Interviewed Administrator on - at 3:00 PM, she confirmed the findings in regards of the weights of the Residents weights were not completed on a monthly basis and needed some for the year of 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunshine Elderly Residences, Corp
870 Ne 5 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on 12, 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 Kristal Branton, Health Facility Evaluator Supervisor at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

jcj
Enclosure
XG90

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