| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968502 | R / / |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SUNSHINE ELDERCARE OF MIAMI LAKES INC** | **6911 BAMBOO ST MIAMI LAKES, FL 33014** |

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

**0000 Initial Comments**

A complaint (CCR #201513198) revisit survey was conducted on / . Sunshine Eldercare Of Miami Lakes Inc with a Limited Mental Health component had the following deficiencies identified at time of the survey:

**0054 Medication - Records**

Based on record review and interview the facility failed to sign the Medication Observation Records (MORs) during assistance with self-administration medications for five out of five residents sampled immediately after each time the medications were given.

Findings included:

Observations on / from 7:22 AM to 8:08 AM showed Staff A (Administrator) assisting Residents 1, 2, and 4 with assistance with self-administration of medications. Further observations on / at 8:09 AM revealed Staff A seated in the facility's office signing the MORs. Staff B was assisting Residents 3 and 5 with self-administration of their medications.

Record review on / at 8:15 AM revealed Residents 1-4's MORs were signed as given on at 7:00 am by Staff A, Staff B did not sign showing that she assisted Resident #4 with the medications.

Interview on / at 8:30 AM the Administrator stated, "The lady who trained me explained that I have one hour after and one hour before to sign the MOR."

Uncorrected Class III

**0057 Medication - Over The Counter (OTC) Products**

Based on observations and interview the facility failed to ensure over the counter (OTC) medications were properly labeled with the resident's name.

Findings included:

Observation on / at 6:29 AM showed OTC medications locked (metal box) inside the refrigerator. The medications were: Q- , Anti- and - ; they did not have residents' name.

Interview on / at 6:29 AM Staff B stated, "these medications are for the residents."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

**0079 Staffing Standards - Levels**

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings included:
Observation on between 6:18 AM - 7:02 AM found Staff B and C working in the facility.
Observation on at 9:00 AM found the facility's staffing pattern posted on board.
Record review showed the staffing pattern posted stated, Staff B was scheduled to work 7:00 AM to 7:00 PM, Staff A (Administrator) 9:00 AM to 6 PM, and Staff D was scheduled to work 7:00 PM to 7 AM, and Staff E works on the weekends. Record review found Staff C was not listed on the staff schedule.
Interview on at 8:00 AM the Administrator stated, Staff D does not work in the facility because there is only five residents at the moment plus Resident #5 is at the hospital; Staff D is not currently working in the facility.
Uncorrected Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview the facility failed to provide a safe living environment for residents.

Findings included:

The facility tour on at 7:00 AM found the to 1 and 2 had water damaged between the sink and the toilet. Further observations on at 11:30 am revealed the # had a roach in the shower.

Interview on at 11: 30 am the Administrator stated, " This house is rented, I have to wait for the owner to fix the water damaged of the . Staff A also stated, " I will kill the roach right now."

Class III

**0160 Records - Facility**

Based on record review and interview the facility failed to provide a current copy of the Emergency Management Plan approval letter.

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review on / revealed that there was no evidence of an update Emergency Management Plan approval letter for the facility on file at the time of survey.

Interview on / at 7:35 AM the Administrator stated, " They told me that I will receive the new one soon by mail." She also stated, " I did not keep any document that reflects that I send the payment and/or information with me."

Class III

**0161 Records - Staff**

Based on observations, record review, and interview, the facility failed to ensure that five of five (Employee A-E) sampled staff members had completed records at the facility.

Findings included:

Observation on / at 6:45 AM found Staff C alone with Resident #1 inside # assisting Resident #1.

Interview on / at 7:55 AM Resident #1 stated, "I have been living here for about two years. Staff B and C both work here, Staff C helped me with my clothes this morning."

On / at 4:09 PM the Administrator confirmed that Staff C did not have a record at the facility and did not have a background screening to be in resident areas.

Uncorrected Class III

**0162 Records - Resident**

Based on record review and interview the facility failed to have one out of five sampled residents (5)'s proof of a power of attorney (POA), guardian, or surrogate documentation.

Findings included:

Record review revealed Resident #5's family member had been signing all of the necessary documents in her file without having a POA, guardianship, or surrogate documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on / / at 11:20 AM the Administrator confirmed the findings in regards to Resident #5's family member signing off on documents in Residents #5's chart without having the legal documentation in the file. Staff A also stated, " The family member of Resident #5 will send me the Power of Attorney soon. "

Class III

**0163 Records - Resident. Penalties for Alteration**

Based on observations, record review, and interviews, it was determined that one out of five (Staff C) sampled staff provided false identification (ID) and misrepresented herself during the survey while providing care and services to one out of six (Resident #1) sampled residents.

Findings included:

Observations on / / at 6:25 AM during the facility tour with Staff B revealed, Staff C opened the and stated, good morning and provided her name.

During interview on / / at 6:25 AM, Staff C stated, "I do not work here, I am a friend of Staff B, I just sleep here."

Observation on / / at 6:25 AM revealed, Staff C walked into the facility's kitchen, and Resident #1 was observed sitting on her bed in # waiting to be assisted by a staff member.

During interview on / / at 6:41 AM, Staff C stated, "I do not have my picture identification (ID) with me, I left it at my sister's house." Staff C was asked her name a third time and she provided another name that was different from the previous name she provided.

Observation on / / at 6:45 AM revealed Staff C alone with Resident #1 inside # assisting Resident #1.

During interview on / / at 7:55 AM Resident #1 stated, "I have been living here for about two years. Staff B and C both work here, Staff C helped me with my clothes this morning."

Record review found Resident #1's last health assessment dated / / documented the resident was diagnosed with Parkinson and was a high risk for , she needed assistance with self administration of medications, required assitstance with bathing, and supervision with dressing, toileting,

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| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE ELDERCARE OF MIAMI LAKES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6911 BAMBOO ST**<br>**MIAMI LAKES, FL 33014** | |

SUMMARY STATEMENT OF DEFICIENCIES
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and .

During an interview with Staff B on / at 10:00 AM it was reported, The Administrator and I let her, referring to Staff C, sleep here because she has no family. Staff B further stated, "early this morning, she was only helping Resident #1 to get her shoes under the bed."

On / at 4:09 PM, the facility's Administrator provided a photo ID for Staff C. The photo ID provided was recognized as Staff C, but another name was documented on the ID. The Administrator confirmed, Staff C did not have a personnel record at the facility and did not have a background screening.

After checking the background screening clearinghouse database, there was no level 2 background screening found for Staff C based on the photo ID provided. It was noted, the facility did not have a personnel record for Staff C to include, a completed application with references, Department of Labor requirements for proof of identification, and training records.

Uncorrected Class II

**Z814 Background Screening Clearinghouse**

Based on record review and interview, the facility failed to register Staff (C and E) through the background screening clearinghouse.

Findings included:

Review on / of the background screening database found the facility did not have their staff register through the clearinghouse employee roster. Record review found Staff C did not have a background screening and Staff E (listed on the schedule) was not included in the facility's employee roster.

During interview on / at 1:00 PM, the Administrator confirmed these staff members were not registered in the background screening clearinghouse employee roster.

Unclassified

**Z815 Background Screening: Prohibited Offenses**

Based on observation, record review, and interview, the facility failed to ensure one out of five (Staff C)

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SUMMARY STATEMENT OF DEFICIENCIES
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sampled staff obtained an eligible Level II Background screening prior to providing care and services to a census of six residents.

Findings included:

Observation on / / at 6:45 AM revealed Staff C alone with Resident #1 inside # assisting Resident #1.

During interview on / / at 7:55 AM, Resident #1 stated, "I have been living here for about two years. Staff B and C both work here, Staff C helped me with my clothes this morning."

During an interview on / at 4:09 PM, the Administrator confirmed, Staff C did not have a personnel record at the facility and did not have a background screening.

After checking the background screening clearinghouse database, there was no level 2 background screening found for Staff C.

Unclassified

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| AL11968502 Y1 | A. Building<br>B. Wing Y2 | Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNSHINE ELDERCARE OF MIAMI LAKES INC | 6911 BAMBOO ST<br>MIAMI LAKES, FL 33014 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix A0030 | Correction | ID Prefix A0052 | Correction | ID Prefix A0081 | Correction |
| Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS | Completed | Reg. # 58A-5.0185 (3) | Completed | Reg. # 58A-5.0191(2) FAC | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix A0093 | Correction | ID Prefix AZ828 | Correction | ID Prefix | Correction |
| Reg. # 58A-5.020(2) FAC | Completed | Reg. # 408.813(3) | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

| REVIEWED BY STATE AGENCY ☐ | REVIEWED BY (INITIALS) | DATE 3/25/16 | SIGNATURE OF SURVEYOR | DATE |
|---|---|---|---|---|
| REVIEWED BY CMS RO ☐ | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

| FOLLOWUP TO SURVEY COMPLETED ON | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? |
|---|---|
| 1/27/2016 | ☐ YES ☐ NO |

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Eldercare Of Miami Lakes Inc
6911 Bamboo St
Miami Lakes, FL 33014

Dear Administrator:

This letter reports the findings of a complaint revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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