STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	03/25/2016
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 #2016001044) survey was conducted on / and concluded on . Sunshine Eldercare Of Miami Lakes Inc with a Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation and record review the facility failed to have a completed a health assessment for one out of six (#1) sampled residents.
Findings included:
Observation on / at 6:25 AM found Resident #1 sitting on the bed in #.
Record review revealed Resident #1's health assessment (form 1823) dated / did not have indicate if Resident #1 required 24-hour nursing or care.
Class III

0167 Resident Contracts

Based on record review and interviews the facility failed provide a refund to one out of six (#6) discharged residents.
Findings included:
Record review on / at 10:12 AM revealed Resident #6 was admitted on and discharged on due to a 45-days notice of termination of residency.
Interview on / at 11:00 AM the facility's Administrator stated, "We had no policy of charging deposit for the residents." Administrator also stated, " The facility's contract specifies our policy. The residents that were recently discharge did not qualify for refunds because they left a beginning of the months."
Interview on / at 11:47 AM Resident #6's sister stated, "Prior to Resident #6 being admitted to the facility the Administrator asked me to place a deposit of $300.00, but I did not have the amount she was requesting, and signed the contract on . The Administrator agreed to $100.00 deposit."
Record review of the facility's agreement revealed, "Refund of the advance payment for housing, food and/or personal services will be prorated on a daily basis if the resident must vacate the facility because of any of the following reasons: Request by the facility's administrator to vacate"
Resident #6's sister provided a copy of a check on that was given and cashed by the facility for $100.00 on .
Interview on at 3:49 PM the Administrator stated, "I received a check from the Resident #6's sister, but I do not remember the amount exactly. However, it was not as a deposit, it was a holding-fee to ensure a bed for her family member at the time of her admission to the facility after she came out

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from hospital. I have no policy for deposit for admission, it was a holding; therefore, there is no refund for that money; I do not have a written document, but I explained to her."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Eldercare Of Miami Lakes Inc
6911 Bamboo St
Miami Lakes, FL 33014
RE: CCR #2016001044

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 2016 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 , 2016.** 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

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