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 observations, record review, and interview the facility failed to sign the medication observation records (MORs) during assistance with self-administration medications for five out of six (#s 1-5) residents sampled immediately after each time the medications were given.

Findings included:

Observation on at 8:00 p.m. of the Residents' medication bingo cards revealed they were empty (did not have pills) for the evening (8:00 p.m.) dosage for the 12th.
Record review of the residents' MORs revealed the medications for 8:00 p.m. were not signed as given for .
Interview on / at 8:10 p.m. Staff B stated, "the pills from the evening are not in the residents' medication bingo card because I passed the medications, and I forgot to sign all of them on the MORs. "
Uncorrected deficiency

0057 Medication - Over The Counter (OTC) Products

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

Findings included:

Observation on at 7:56 p.m. revealed a bottle of Oral (33.8 FL oz.) inside of the refrigerator. The Oral was unlocked and unlabeled.
Interview on at 7:56 p.m. Staff B stated, " I did not know that over the counter medication needed to be locked and labeled; however, it does not belong to any resident, it is for our used."
Interview on at 9:50 p.m. the Administrator stated, "I know about the medication; Staff B explain me, I have explained them that medications cannot be inside the refrigerator like that."
Uncorrected deficiency

0152 Physical Plant - Safe Living Environ/Other

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

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

Findings included:

Observation on at 7:50 p.m. found two rollaway beds in the front living (residents' sitting area). One for Staff B who answered the door and the other for Staff C who was observed lying on a roll away bed and under the covers. The facility did not provide a private sleeping area for Staff B and C.

Further observations on after 7:50 p.m. found the back yard patio/pool area had torn screens all over, this area was also additional sitting areas for the residents. On the lower section in the rear area of the screen structure and lower screen was missing. This area was open to the backyard area of the facility which faced the waterway behind the facility.

Interviewed the Administrator on at 9:45 p.m. in regards to the staff sleeping area and the screening of the rear patio /swimming pool. The Administrator stated that the two employees probably could be placed in the empty (#2) since there no residents sleeping in that . She stated the screening of the rear patio swimming pool and resident activity area had been mentioned to the owner of the property, since the home is rented. The Administrator stated that the Owner of the property stated that he would not fix the screens and would rather remove the entire section.

Uncorrected Class III

L243 LMH - Training

Based on record review and interview the facility failed to have one out of four (D) sampled employees trained in limited mental health (LMH) within 6 months of employment.

Findings included:

Record review revealed Staff D (Caretaker) was hired on . The facility did not have any documentation that Staff D received LMH training within 6 months of employment.

Interviewed the Administrator on - at 9:30 p.m., she stated that this employee is no longer employed at the facility at this time, but sometimes work on the weekends only. Administrator stated that Staff D did not have LMH training at the time of the survey.

Class III

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

STATE FORM: REVISIT REPORT

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

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERCARE OF MIAMI LAKES INC	6911 BAMBOO ST 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 A0079	Correction	ID Prefix A0160	Correction	ID Prefix A0161	Correction
Reg. # 58A-5.019(3) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix A0163	Correction	ID Prefix AZ814	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. # 429.49 FS	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC		LSC		LSC	
ID Prefix AZ815	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.809, 435.02(2), 435.06	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 9/8/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/27/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ 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 **second** Complaint Licensure Revisit Survey conducted on May 12, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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Miami, FL 33166
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