STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	**07/19/2016**
NAME OF PROVIDER OR SUPPLIER **SUNRISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4102 COOLEY COURT** **LAKE WORTH, FL 33461**	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 07/19/2016 at Sunrise Adult Care (License #8286). The facility had deficiencies at the time of the visit.

0091 Training - Documentation & Monitoring

Based on interview and record review, it was determined the facility failed to ensure that training certificates were maintained in personnel files that indicated the title of the training; the subject matter of the training; the training program agenda; the number of hours of the training program; the trainee's name and dates of participation; and the training provider's name, dated signature and credentials, and professional number if applicable, for 3 of 3 current direct care staff reviewed (Staff A, Staff B, and Staff C).

The Findings included:

During interview and record review conducted with the Administrator, on beginning at approximately 10:10 AM, he was provided the opportunity to locate training certificates with the required components for the following direct care staff:

a) Staff A (date of hire noted as): Emergency Preparedness and Evacuation; Incident and Adverse Incident Reporting; Resident Rights; and Reporting , Neglect and certification were not noted in this direct care staff member's file. The Administrator acknowledged these training certificates were not on file and stated he was not aware actual training certificates were required to be on file.

b) Staff B (date of hire noted as): Emergency Preparedness and Evacuation; Incident and Adverse Incident Reporting; Resident Rights; and Reporting , Neglect and certification were not noted in this direct care staff member's file. The Administrator acknowledged these training certificates were not on file and stated he was not aware actual training certificates were required to be on file.

c) Staff C (date of hire noted as): Emergency Preparedness and Evacuation; Incident and Adverse Incident Reporting; Resident Rights; and Reporting , Neglect and certification were not noted in this direct care staff member's file. The Administrator acknowledged these training

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certificates were not on file and stated he was not aware actual training certificates were required to be on file.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on interviews and observation, it was determined the facility failed to ensure that all structural systems (i.e. ceiling/roof) was maintained in good working order.

The Findings included:

During observational tour of the facility and interview conducted with the Administrator, on beginning at approximately 11:15 AM, he was asked about the approximately 6' X 6' patch in the ceiling in the TV . He stated that a couple of weeks ago that a roof leak was discovered and that a blue tarp had been placed on the roof and that the materials for repair of the flat portion of the (this is the portion over the TV) had been purchased. The Administrator shower this surveyor multiple rolls of roof paper and buckets of sealant. The Administrator could not provide an exact time when the roof/ceiling repairs would take place.

During confidential resident interviews, conducted on , two of the residents stated the ceiling in the TV been leaking for a couple of weeks. They stated that buckets have to be placed in that order to catch the rainwater when it is raining outside.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to maintain the employment status of all employees with the clearinghouse within 10 business days, for 4 of 4 direct care staff reviewed (Staff A, Staff B, Staff C, and Staff E).

The Findings included:

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

1) During interview and review of the clearinghouse roster to the facility's 2016's staff schedule conducted with the Administrator, on beginning at approximately 10:10 AM, he was asked why the following direct care staff names were not noted on the clearinghouse employee roster:

a) Staff A: (date of hire noted as)
b) Staff B: (date of hire noted as)
c) Staff C: (date of hire noted as)

The Administrator stated he was not aware of the clearinghouse employee roster and that is why these above noted staff members were not registered.

2) During interview and review of the clearinghouse roster to the facility's 2016 staff schedule conducted with the Administrator, on beginning at approximately 10:10 AM, he was asked why the following direct care staff member's name was noted on the clearinghouse roster and not on the 2016 staff schedule:

a) Staff E: (date of hire noted as)

The Administrator stated that this direct care staff member was terminated approximately 2 years ago. He was asked why the clearinghouse employee roster had not been updated within the required 10 business days to reflect this change in employment status. He replied he was not aware of the clearinghouse roster and that is why this employee was not removed from it.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunrise Adult Care
4102 Cooley Court
Lake Worth, FL 33461

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 by a representative from 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 12, 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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