| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966272 | 06/29/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE HOME ALF, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4264 WEST 7 LANE**<br>**HIALEAH, FL 33012** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on , 2016. Sunshine Home ALF, License #10522, had the following deficiencies identified at time of the survey:

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensure qualified staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of four (D) sampled staff.

Findings included:

Record review on of the staff schedule posted on the wall found three staff members listed on the schedule.

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Record review of the facility employee records on found Staff D did not have a file available for review.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III

**0079 Staffing Standards - Levels**

Based on observations, record review, and interview the facility failed to have an updated written work schedule.

Findings included:

On at 9:00 AM the facility's staff schedule posted on the wall was for the month of 2016, it showed Staff D was not listed. Record review of the staffing schedule showed three staff members listed.

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SUMMARY STATEMENT OF DEFICIENCIES
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Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Interview on at 1:25 PM with the Administrator acknowledge she is not listed on the staff schedule.

Class III

**0081 Training - Staff In-Service**

Based on record review and interview, the facility failed to provide documentation ensuring that one out of four sampled Staff (D) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Record review on of personnel files found that Staff D did not have the in-service training's in
1. control
2. Resident rights in an assisted living facility.
3. Recognizing and reporting resident , neglect, and
4. Reporting major incidents.
5. Reporting adverse incidents.
6. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
7. Resident behavior and needs.
8. Providing assistance with the activities of daily living.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III

**0082 Training - /**

Based on record review and interview, the facility failed to ensure that one out of four (D) sampled staff

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| NAME OF PROVIDER OR SUPPLIER **SUNSHINE HOME ALF, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **4264 WEST 7 LANE HIALEAH, FL 33012** | |

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

have / training.

Findings included:

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Record review of the facility employee records on found Staff D did not have a file available for review. The was no documentation of Staff D completed the / training.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III

**0083 Training - First Aid and**

Based on record review and interview, the facility failed to ensure one out of four (D) sampled staff completed in First Aid and .

Findings included:

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating. Record review of the facility employee records on found Staff D did not have a file available for review.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III

**0090 Training -**

Based on record review and interview, the facility failed to ensure one out of four (D) sampled staff have the ( ) training.

Findings included:

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| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE HOME ALF, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4264 WEST 7 LANE**<br>**HIALEAH, FL 33012** | |

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

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Record review of the facility employee records on found Staff D did not have the training available for review.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III Class III

**0161 Records - Staff**

Based on record review and interview, the facility failed to provide a copy of the employment application with references furnished for one out of four (D) sampled staff.

Findings included:

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

Record review of the facility employee records on found Staff D did not have the an employment application with references.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

Class III

**Z815 Background Screening: Prohibited Offenses**

Based on record review and interview, the facility failed to have a Level II background screening for one out of four (D) sampled staff.

Findings included:

Observations on from 11:45 AM to 12:15 PM found Staff D assisting all residents with bathing, dressing, and ambulating.

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

Record review of the facility employee records on found Staff D did not have a file available for review.

Interview on at 1:19 PM the Administrator stated, "She has worked with me a long long time. I do not have a file for her."

The background screening search from background screening found no background for Staff D.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Home Alf, Inc
4264 West 7 Lane
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com