STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964851	**07/25/2016**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ASSISTED LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **6513 NW 55TH STREET CORAL SPRINGS, FL 33067**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- at Sunshine Assisted Living, Inc. (License #9300). The facility had deficiency identified at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, it was determined that the facility failed to ensure that 1 of 6 residents ' (Resident #4) received safe and sanitary services during assistance with self-administration of medication.

The findings include:

At 4:05 PM, During medication observation, it was noted that the Aide assigned to perform that task (Employee A) washed her hands, retrieved the Medication Observation Record and took a ceramic Mortar and pestle designed to crush residents ' pills . She also was observed retrieving along with the pill crusher, the medication package from the cabinet and a med cup to pour out the crushed pill. However, she did not wash the pill crusher which was observed to have black stains and a cut out piece inside of it at the bottom. When she was getting ready to put the pill into the container, this writer intervened and asked Employee A to stop as the Administrator watched and she was told to take a look inside the pill crusher. At this time, she verified the container had pill residue, a white powdery substance at the bottom of the crusher. She then washed the pill crusher and was getting ready to crush the pill into it. However, this was discouraged because the bottom of the pill crusher had a broken particle. She then crushed the pill in the med cup and mixed it up with Activa yogurt and handed it to the Resident who used a spoon to scoop the content and swallowed it. Thereafter, Employee A took the MOR and signed the book.

Review of the resident ' s Health Assessment (AHCA Form 1823) indicated that he suffered from and is suffering from . Furthermore, it indicated that Resident #4 needs assistance with self-administration of medications.

During the exit meeting on at 5:15 PM, the findings were discussed with the Administrator and she consented and promised to remediate the identified issues.

Class III

0054 Medication - Records

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Based on observation, record review and interview, it was determined the facility failed to ensure the Medication Observation Records (MORs) were signed at the time the resident was provided his or her medications, for 2 of 6 sampled residents (Residents #1 & #6).

The findings include:

During med pass observation on at 4:03 PM, it was observed that the aide (Employee A) who performed that task assisted Resident #4 to take his medication.

Employee (A) retrieved the MOR, and the medications ordered for the evening hour. She then approached the resident and informed him about the medication. After mixing up the crushed pills with pudding, she then handed it to the resident who took it with a spoon and swallowed the content. After ensuring that the resident took the medications, she signed the MOR. After signing the medication observation record, it was noted upon reviewing it that there were sections that were not signed two residents (Residents #1 & #6) in the morning.

During an interview immediately after with Employee (A), she acknowledged that she made a mistake and that she forgot to sign the MOR for the residents. She confirmed that she gave the medications to the residents. But, she not only omitted to sign the MOR for Resident #1, she also did not sign it during the morning med pass for Resident #6.

Interviews conducted with Resident #1 and #6 confirmed that they took their medications in the morning of .

During an interview with the Administrator during the exit meeting on at 5:15 PM, the findings were discussed and she agreed with the findings.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to ensure that 1 out 4 employees (the Administrator) completed the mandatory medication training update.

The findings include:

During record review on , it was observed that the Administrator had not completed the 2

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hours required medication training update. Further review revealed that her last update was completed on / (2 hours).

During an interview with the Administrator on at around 3:21 PM, she acknowledged that she had not completed the training update and that she will make sure she attend the training as soon as possible. She further stated that she occasionally assist with self-administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Assisted Living, Inc.
6513 Nw 55th Street
Coral Springs, FL 33067

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

Delray Beach Field Office
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