STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	08/25/2016
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

0000 Initial Comments

A complaint investigation (#2016005683) was conducted at Sunny Days Retirement Home Inc. (license #10955) on . Sunny Days Retirement Home Inc. (License #10955) had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure a resident health assessment (AHCA 1823) had all required information for 1 of 4 sampled residents (#3).
Findings:
Resident #3's record review revealed a current health assessment did not have a date of examination.
On at 2:50 p.m. the administrator confirmed that the #3's AHCA 1823 was not dated.

Class

Z814 Background Screening Clearinghouse

Based on facility record review and interview, the facility failed to register and maintain its employment status within the AHCA background screening (BGS) clearinghouse.

Findings:

A review of the facility staffing schedule revealed 2 caregivers and the administrator were scheduled to work in .

A review of the facility BGS website conducted on revealed no employee listed under the Employee Roster.

On at 10:45 a.m. the administrator stated that she was not aware of the requirement.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunny Days Retirement Home Inc
2402 Greenacre Rd
Apopka, FL 32703

RE: CCR #2016005683

Dear Administrator:

This letter reports the findings of a state 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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