STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953603	08/11/2016
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ADULT CENTER #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **170 WEST 13 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Survey was conduced on , 2016. Sunshine Adult Center #2, License #5971, with Limited Mental Health component had the following deficiencies identified at time of survey.

L243 LMH - Training

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive the 3 hours update provided by or approved by the Department of Children and Families Services for three out of six (D, E, and F) sampled staff.

Finding included:

Record review found Staff D, E, and F did not have the 3 hours of limited mental health (LMH) training updated in the last two years. Staff D's last training were done on 8 hrs expired and 3 hrs / expired / . Staff E's last training was done on 3 hrs expired . Staff F's last training was done on / expired / .

Interview with the Administrator on / at 3:15 PM, she acknowledged Staff D, E, and F did not have the training for LMH.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to ensure that one out of six (Staff D) sampled staff members were registered with the clearininghouse on the employee roster.

Finding included:

Record review on / of personnel files had Staff D (hired / /) as caregiver working at the facility. Staff schedule showed Staff D worked 4 PM to 10 PM. Background screening search of facility's employee roster found she was not listed.

Interview with Administrator on / at 3:30 PM confirmed she was not listed and would go today and add her.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Adult Center #2
170 West 13 Street
Hialeah, FL 33010

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

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