STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERCARE OF MIAMI LAKES INC	**6911 BAMBOO ST MIAMI LAKES, FL 33014**

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

0000 Initial Comments

A Complaint (CCR # 201513198) Third Revisit Survey was conducted on 01, 2016. Sunshine Eldercare Of Miami Lakes Inc (license #12403) with a Limited Mental Health component had the following deficiencies identified at time of the survey.

Surveyor: Bailey, Sonia

0054 Medication - Records

Based on observations, record review, and interview the facility failed to sign the medication observation records (MORs) during assistance with self-administration medications for one out of seven (#7) residents sampled immediately after each time the medications were given.

Findings included:

Observation made on / at 9:40 AM for Resident #7 showed the medications for 8 AM for 20 mg, 50 mg, 25 mcg, and D was empty for , 2016.
Record review of the medication book found no medication sheet available Resident #7's documenting the medications were given at 8:00 AM on / .
Interview on / at 11:50 AM the Administrator stated, "I just did not get a chance to write the sheet."
Class III
Uncorrected

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have the most current staffing pattern available.

Findings included:

Record review found the staffing schedule for was posted. The updated schedule for

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SUNSHINE ELDERCARE OF MIAMI LAKES INC	6911 BAMBOO ST MIAMI LAKES, FL 33014

SUMMARY STATEMENT OF DEFICIENCIES
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was not posted on the board. Record review found the facility did not have the staff schedule for available for review.
Interview on / at 11:43 AM the Administrator stated, " I always change it on the first, you can give me a little break with that. "

Class III

0160 Records - Facility

Based on record review and interview the facility to have an updated admission and discharge log.

Findings included:

Record review found that the facility had seven residents listed on the admission and discharge log.
Record review found Residents #7 was admitted to the facility on . Record review of Resident #7 the demographic sheet and medication sheet verified the resident was admitted while facility already had a census of six residents.
Interview on / at 11:00 AM the Administrator stated, "the family told me she (Resident #3) is not coming back. She had surgery and is in rehab. They told me yesterday (/)."

The facility failed to maintain an updated admission and discharge log.

Class III
Uncorrected

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of four (B) sampled staff completed the Limited Mental Health (LMH) training within 6 months of employment.

Findings included:

Record review of Staff B (hired on)'s file found no proof documenting she had taken the LMH training within 6 months of employment.

Interview on / at 11:25 AM with the Administrator stated, "I registered her. But she went to Cuba and did not come back on time. I will register her again."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST** **MIAMI LAKES, FL 33014**	

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

Class III
Uncorrected

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968502 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERCARE OF MIAMI LAKES INC	6911 BAMBOO ST MIAMI LAKES, FL 33014

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0057 Reg. # 58A-5.0185(8) FAC LSC	Correction Completed	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 9/15/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/27/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: IHLY14

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunshine Eldercare Of Miami Lakes Inc
6911 Bamboo St
Miami Lakes, FL 33014

Dear Administrator:

This letter reports the findings of a Complaint Licensure third revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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