AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 02/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966874	**01/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS ALF, INC II	**4645 SW VAHALLA ST** **PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure with Limited Nursing Services (LNS) and Limited Mental Health (LMH) survey was conducted on 25, 2017 at Sunny Days ALF, Inc. (License #10988). The facility had deficiencies identified at the time of the survey.
Note: The LNS portion of the Re-Licensure Survey was conducted on a separate date.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation and interviews, the facility failed to ensure a 3 out of 3 sampled residents was limited to a maximum of 2 (two) residents (Residents #1, #2 and #3).

The findings included:

On 1/ at 8:00 AM, a tour of the facility was conducted with Staff A. The first the left of the entrance to the facility had 3 beds in it. Staff A stated, "This is Resident #1, #2 and #3's ".

During interview with Resident #2 at 9:00 AM on 1/ / , she confirmed that all 3 residents lived in this . Resident #3 also stated during interview on 1/ / at 10:15 AM that all 3 residents slept in this .

The Administrator stated during interview at 11:00 AM on 1/ / that Residents #1, #2 and #3 lived together in this . She stated she had been told "this was ok as long as the square footage was enough". She stated she was a newly licensed Assisted Living Facility (ALF) in 2008.

Review of the Agency's licensure website reveals this facility has been licensed with this owner and as an ALF since 1/ .

Review of the regulatory guidelines in place at the time this facility was licensed, and effective for ALFs, documents "Resident designated for multiple occupancy in facilities newly licensed or renovated 6 months after , shall have a maximum occupancy of two persons.", under Florida Administrative Code (F.A.C.) 58A-5.023 (4)(c). The current regulation states under 58A-5.023 (4)(c), "A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C."

Based on these findings, the facility failed to ensure a resident's not exceed the maximum

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capacity of 2 residents. A prior approval and/or inspection of this facility's change in use of a bedroom for 3 residents could not be verified, and was not able to be approved under the regulatory guidelines in place at the time the ALF was licensed.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on an interview and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's second Assisted Living Facility (ALF).

The findings included:

On / at 11:00 AM, the Administrator stated during interview that she had a Manager (Staff C) designated for this second ALF that she was the Administrator for. However, Staff C is currently the Administrator for another ALF, so cannot be designated as the Manager for an ALF. The Administrator acknowledged this finding during interview at this time, and stated she would designate Staff A as the Manager "since she will be taking her CORE exam in ".

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on staff record review and an interview, the facility failed to ensure 2 of 2 employees (Staff A and B) submitted a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable , and an annual negative ( ) screening by a health care provider.

The findings included:

a) During record review for Staff A, an annual negative ( ) screening by a health care provider could not be located. Staff A's last documented clearance from in her personnel file was dated . Staff A was hired on .

b) During record reveiw for Staff B, a signed health statement by a health care provider, verifying this employee was free from all communicable , including , could not be found. Staff B was hired on / .

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A request was made to the Administrator for the documentation at 11:00 AM on 1/25/17, but the Administrator was unable to produce such documentation at the time of the survey. She acknowledged the absence of the written health statement and negative screening for these staff members.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A), who provides direct care to residents, had received three (3) hours of continuing education training biennially in Limited Mental Health (LMH) related subjects.

The findings included:

Review of the personnel file for Staff A, who provides direct care to residents in this facility with an LMH license, revealed there was no documentation of three (3) hours of continuing education training biennially in Limited Mental Health (LMH) related subjects. The last documented LMH training located in her personnel file was 8 hours dated 1/.

The Administrator was interviewed at 12:00 PM on / and confirmed that the documentation was not present and available for review. The facility provided no additional documentation of the required training at this time.

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on interviews and record review, the facility failed to maintain eligibility results of an employees' criminal background screening in the personnel file, for 1 out of 2 sampled staff (Staff B).

The findings included:

On / / at 11:00 AM, the personnel file for Staff B was reviewed and did not contain documentation of the completion of a Level II criminal background screening with the Agency's Clearinghouse. Review of the Agency's Clearinghouse website at this time revealed Staff B was "not eligible" for employment based on a screening completed / / . This employee was hired on / / .

During interview with the Administrator and Staff A at 11:15 AM on / / , they stated Staff B was not left alone with residents. The Administrator stated Staff B had a screening that was being reviewed by the Agency for an exemption from disqualification. She provided this surveyor with a letter from a Background Screening Consultant with the Agency dated / showing Staff B had "30 days to submit requested information" for action to be taken on an application for exemption from disqualification.

During interview, the Administrator acknowledged that there was no employee background screening result showing "eligibility" in the personnel file at this time.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the Background Screening Clearinghouse website, and a staff interview, the facility failed to maintain a current employee roster with the clearinghouse website for current and past employees of the facility (2 out of 2 sampled staff/A and B).

The findings included:

On / / , a search was conducted for the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, no current employees (Staff A and B) were listed on the roster. Additionally, no previous employees were listed on the roster. There was no roster located on the website.

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The Administrator acknowledged this finding during interview on 1/ / at 12:00 PM.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Sunny Days Alf, Inc Ii
4645 SW Vahalla St
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2017 by a representative from 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 13, 2017.** 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) 541 - 3145.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90