STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

Complaint investigation #2016014195 was conducted on . Sunny Days Adult Care, license #12027 with Limited Mental Health, had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation and interview the administrator failed to monitor for continued appropriateness of residency for 1 of 3 sampled residents (#3).

Findings:

Tour of the facility revealed resident #3 to be in a hospital bed with raised half side rails. The head of the bed was elevated about 45 degrees. The resident was aware, but unable to speak.

Staff A stated on at 9:15AM that resident #3 required total care and was unable to do any of his Activities of Daily Living (ADLs) on his own any more. When asked, she stated he was unable to pivot when being transferred and that at least 2 people were required to move him from the bed to a wheelchair. She further stated that he recently returned from the hospital and no longer had the use of his arms to feed himself, or take his medicines. She said he was alert, but could not speak clearly.

No records were available for review on the day of the survey. In an interview with Staff A on at 10:15am, she said she did not have access to any of the facility's records. The records were kept locked in the administrator's she did not have a key.

In a phone interview with the administrator on at 9:30AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have an activity calendar documenting a minimum of 2 hours per day and 12 hours per week of scheduled, diversified individual and group activities that met with each resident's needs, abilities, and interests.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	03/14/2017
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

During a tour of the facility there was no activity calendar posted.

In an interview with Staff A on at 10:00 AM, she said she wasn't aware of an activity calendar. She said the residents mostly stayed in their . The administrator was not available for comment on the day of the visit.

In an interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility and that all records were locked in her office.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain an accurate and up-to-date MOR for 3 of 3 sampled residents (#1, #2 & #3)

Findings:

Review of the handwritten 2017 MOR for Residents #1, #2 & #3 revealed holes (blanks) for the following medications and dates:

1. Review of the MOR's for Resident #1 revealed the following:

Bentropine, 2mg, take 1 tablet by mouth at bedtime (8pm) noted on MOR) - no signature as being given on , , , , ;
Doc Q Lace, 100mg, take 1 tablet by mouth at bedtime (8pm)- no signature as being given on , , , ;
, , , 10-4mg, take 2 tablets by mouth at bedtime (8pm) noted on MOR) - no signature as being given on , , , ;
Tab, 100 mg, take 3 tablets by mouth at bedtime (8pm) noted on MOR) - no signature as being given on , , , , , , ;
, 0.5mg, take 1 tablet by mouth 3 times daily (8am, 2pm & 8pm noted on MOR)- no signature as being given on @ 8am and 2pm, @ 8pm, @ 8pm, @ 2pm, @ 8am, 2pm and 8pm, @ 2pm and 8pm, @ 8am.
Notes on the back of the MOR for documented that the 8am dose was missed and the 2pm dose was given at 11:50AM. No other notes about missed doses.

2. Review of the MOR's for Resident #2 revealed the following:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	03/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS ADULT CARE INC	**1767 ORCHID CT NW PALM BAY, FL 32907**

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

Citalopam HBR, 20mg, take 1 tablet by mouth once a day (8AM noted on MOR), no signature as being given on , , and .
, 500mg, take 1 tablet by mouth every 12 hours (8AM and 8PM noted on MOR), no signature as being given on @ 8am and 8pm, @ 8am and 8pm, @ 8pm, @ 8pm, @ 8am and 8pm, @ 8pm, @ 8am.
, 0.4mg, take 1 tablet by mouth daily (8AM noted on MOR), no signature as being given on , , and .
, C, 81mg, take 1 tablet by mouth once a day (8AM noted on MOR), no signature as being given on , , and .
, 5mg, take 1 tablet by mouth daily (8AM noted on MOR), no signature as being given on , , and .
, , 300mg, take 1 tablet by mouth 3 times daily (8AM, 2PM and 8PM noted on MOR), no signature as being given on @ 8am, 2pm and 8pm, @ 8am, 2pm and 8pm, @ 8pm, @ 8pm, @ 8am, 2pm and 8pm. On & , the 2pm doses were signed as given, but an "X" was over the signature. There were no notes on the back to indicate what happened. The legend on the front of the MOR indicates an X means "held by medical order" but the records were not available for review.
, , 15mg, take 1 tablet by mouth every night at bedtime for 30 days (8PM noted on MOR), no signature as being given on , , , , and . On , there is a circle with a dot in the middle. No notes on the back to indicate what the circle and dot mean. No records were available for review for start and end date of this medication.

3. Review of the MOR's for Resident #3 revealed the following:

( ), 0.5mg, take 1 cap by mouth daily (8AM noted on MOR), no signature as being given on . No notes on the back of the MOR. The dates through have a line drawn through the dates. No explanation as to why the medications were not given.
, (,), 20mg, take half tablet by mouth daily (8AM noted on MOR), no signature as being given on . No notes on the back of the MOR. The dates through have a line drawn through the dates. No explanation as to why the medications were not given.
(Mag-Ox) 400mg, take 1 tab by mouth once a day (8AM noted on MOR), no signature as being given on . No notes on the back of the MOR. The dates through have a line drawn through the dates. No explanation as to why the medications were not given.
, ( ), 100mg, take 1 capsule by mouth three times a day (8AM, 2PM and 8PM noted

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	03/14/2017
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

on MOR), no signature as being given on @ 2pm and 8pm, @ 8pm, @ 2pm, @ 8am, 2pm and 8pm, @ 8pm. No notes on the back of the MOR. The dates through have a line drawn through the dates. No explanation as to why the medications were not given.
Pantoprozole, 40mg, take 1 tablet by mouth once a day (8AM noted on MOR), no signature as being given on . No notes on the back of the MOR. The dates through have a line drawn through the dates. No explanation as to why the medications were not given.
/Clavul, 875mg, take 1 tab by mouth twice a day for 7 days (8AM and 8PM noted on MOR), no signature as being given on @ 8pm, @ 8pm, @ 8am, @ 8pm. No records were available for review for start and end date of this medication.
, 80/4.5, Inhale 2 puffs by mouth twice a day (8AM and 8PM noted on MOR), no signature as being given on @ 8am, @ 8am, @ 8pm. The dates through have a line drawn through the dates. No records were available for review for start of this medication.
There were no notes or documentation on the back of the MOR to indicate why doses were not given or if the resident was out of the facility on any dates. No records were available for review.

In an interview with Staff A on at 10:00AM, she stated she could not explain why some medications were not signed or why there were no notes.

In an interview with the administrator on at 9:30AM, she stated she was not available to come to the facility and that all records were locked in her office.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on review of the 2017 Medication Observation Records (MOR) and interview, the facility failed to obtain clarification and to follow provider orders for a medication written to be given "as needed" for pain for 1 of 3 sampled residents (#2).

Findings:

Resident #2 had 2 medications on the handwritten 2017 MOR to be given "as needed" for pain: , 50mg, take 1 tablet by mouth 3 times daily as needed (8AM, 2PM and 8PM noted on MOR) and Q- , (,), 325mg, take 2 tablets by mouth every 6 hours as needed 30 day (8AM, 2PM and 8PM noted on MOR).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	03/14/2017
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

There were 3 notes on the back of the MOR in 2017 written by unlicensed caregivers:
On , "AM pain meds pain" reason indicated "did have any pain." MOR shows that was documented as being given and , was signed with an "X" through the initials for the 8AM dose.
Also on 3/1, "Mid-day meds pain" reason indicated, "he slept all afternoon." An "X" was documented in the box for the 2pm and 8pm doses on .
On at 4:23 " , 325mg x 2" reason indicated, ", . complained of pain". There was no signature on for this dose of , , and no signatures for any medications given at any time on .

There were no notes that documented resident pain or request for the medication on any other days when the medications were given by the unlicensed caregivers. No other records were available for review.

In an interview with Staff A on at 10:00 AM, she stated she could not explain why some medications were not signed or why there were no notes.

In an interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility and that all records were locked in her office.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation and interview the facility failed to have at least one staff member who had access to facility and resident records in case of an emergency. 2) Have a current written staff schedule representing their 24-hour staffing pattern available for review. 3) Have one staff member that completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses in the facility at all times.

Findings:

1). No records were observed to be accessible or available for review. In an interview with Staff A on at 10:00 AM, she stated that all records were locked in the administrator's office and she did not have a key.

2). During the tour of the facility, no staff scheduled was observed posted. In an interview with Staff A on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

at 10:00 AM, she stated I would have to ask the administrator for a printed schedule.

3). Staff A was working alone on the day of the visit. In an interview with Staff A on at 10:00 AM, she stated she had and First Aid training, but she did not have the cards. She said all records were locked in the administrator's office and she did not have a key.

In a phone interview with the administrator on at 9:30AM, she stated she was not available to come to the facility and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review, MOR review and interview the facility failed to have evidence that 1 of 1 sampled unlicensed staff (A), who provided assistance with the resident's medications, received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Review of the MOR for 2017 revealed medications were signed as being given by Staff A.

No review of the personnel record for Staff A was possible, as the record was not accessible for Staff A.

In a phone interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on menu review and interview, the facility failed to post a menu dated for the week in use.

Findings:

Observation of the menu posted on the kitchen refrigerator revealed a menu signed by a licensed dietician for the current year. The menu for cycle week 4 was posted, but not dated for the week it use.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

In an interview with Staff A on at 10:00 AM, she said she didn't know why there was no date on it; she just knew that was what she was preparing for the week. She stated I would have to ask the administrator.

In an interview with the administrator on at 9:30AM, she stated she was not available to come to the facility and that all records were locked in her office.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation on and interview the facility failed to ensure records pertaining to facility operation were readily available for inspection.

Findings:

Observation during the tour of the facility found that no records were available. Records requested included admission/discharge log, food service records, staff schedule and Limited Mental Health records.

In an interview with Staff A on at 10:15 AM, she said she did not have access to any of the facility's records. They were kept locked in the administrator's she did not have a key.

In a phone interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation on and interview, the facility failed to ensure that staff records including background screening and documentation of compliance with all training requirements were readily available for inspection.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	03/14/2017
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

Observation during the tour of the facility found that no records were available. Records requested included personnel records including background screening and documentation of compliance with all training requirements.

In an interview with Staff A on at 10:15am, she said she did not have access to any of the facility's records. They were kept locked in the administrator's she did not have a key.

In a phone interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that 3 of 3 sampled resident records (#1, #2, & #3) were accessible and in the facility at all times.

Findings

Review of the records for residents #1, #2 and #3 was not possible on the day of the survey.

In an interview with Staff A on at 10:15 AM, she said she did not have access to any of the facility's records. They were kept locked in the administrator's she did not have the key.

In a phone interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on observation on and interview, the facility failed to ensure that records pertaining to Limited Mental Health (LMH) residents were readily available for inspection.

Findings:

Observation during the tour of the facility found that no records were available. Records requested

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1767 ORCHID CT NW** **PALM BAY, FL 32907**	

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

included Limited Mental Health resident records, admission/discharge log and staff training records.

In an interview with Staff A on at 10:15am, she said she did not have access to any of the facility's records. They were kept locked in the administrator's she did not have a key.

In a phone interview with the administrator on at 9:30 AM, she stated she was not available to come to the facility today and confirmed that all records were locked in her office because "they contain important information and I am responsible for them."

Class III