

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/10/2017  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968502</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>04/25/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNSHINE ELDERCARE OF MIAMI LAKES INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6911 BAMBOO ST<br/>MIAMI LAKES, FL 33014</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Standard Biennial Survey was conducted on . Sunshine Eldercare of Miami Lakes Inc, (license #12403), with Limited Mental Health component had the following deficiencies identified at time of the survey:</p> <p><b>0163 - Records - Resident, Penalties for Alteration - 429.49 FS</b></p> <p>Based on observation, record review, and interview, it was determined the facility falsified employee records for one out of four (Staff D) sampled employees who were at the facility during the survey providing care and services to a census of six residents.</p> <p>Findings include:</p> <p>Observation on at 10:00 AM showed Staff D was in care of the residents and providing personal services to them.</p> <p>Record review found Staff D's application hired date was scratched out and was marked as a hired date on the bottom of the scratched area. Affidavit of Compliance with Background Screening Requirement, Employee policies &amp; procedures, and job description signature's date was whited out and was marked on the top of the whiteout.</p> <p>Interview conducted with on at 2:00 PM, the Administrator stated "I did not know that I cannot change the hired date on the documents."</p> <p>Class III</p> <p><b>0167 - Resident Contracts - 58A-5.025 FAC</b></p> <p>Based on record review and interview the facility failed have an executed residency contact execution to 1 out of 6 residents (Resident #6) or the resident's legal representative before or at the time of admission.</p> <p>Findings include:</p> <p>Record review showed the facility has a Day care Contract executed between Resident #6 and facility dated .</p> <p>Interview conducted on at 1:00 PM, Resident's #6 private caregiver stated, "I visit her</p> |                                                                                          |                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNSHINE ELDERCARE OF MIAMI LAKES INC</b>                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6911 BAMBOO ST<br/>MIAMI LAKES, FL 33014</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                 |                                                                                          |                                                     |
| <p>sometimes during the day in the ALF. She live in the ALF. She is my god sister."</p> <p>On at 2:00 p.m. the Administrator acknowledged Resident #6 slept in facility in resident #. Adding that did not have a resident contract because she was readmitted as a resident about</p> <p>Class III</p> |                                                                                          |                                                     |