STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910413	**06/08/2017**
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8820 SW 148 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . Sun Bay Manor II with a standard license (AL 7561) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to appoint in writing a separated manager that satisfied the Core training and competency test requirement.

Findings as follow:

Facility finder review showed the Administrator supervised two facilities.

Record review revealed the Manager was hired on and completed the CORE training on . Staff record review revealed the Manager failed the CORE test.

On at 1:25 p.m. the Manager stated, "I took the CORE test once but failed."

Class III

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

Based on observation, record review, and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 8:45 a.m. Staff A and C were observed working in facility with a census of 5 residents.

During the facility tour it was observed the facility had no staffing schedule posted for the present week. The staffing schedule posted covered from to .

On at 11:00 a.m. the Administrator acknowledged the facility had no an staffing schedule for the present week.

Class III

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

Based on record review and interview the facility failed to have 1 out of 3 (Staff B) sampled staff trained in assisting residents with self administration of medications.

Findings as follow:

On at 1:08 p.m. Staff B stated, "I assist with self- administration of medications."

Record review showed the facility had no documentation of the medication training (4 hours) for Staff B.

On at 1:20 p.m. the Manager stated, "Staff B medication training was misplaced."

Class III

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

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

Based on record review and interview the facility failed to have the signed attestation for 1 out of 3 (Staff A) facility staff.

Findings as follow:

Staff record review showed the facility had no documentation of a signed attestation for Staff A . Staff A's last background screening was dated .

On at 1:20 p.m. the Manager acknowledged Staff A record had no proof of the attestation , and stated they had not seen that form before.

Unclassified