

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910804	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER SUNSHINE CHRISTIAN HOMES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5250 WHIPPOORWILL DRIVE HOLIDAY, FL 34690	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On, 2017, an abbreviated biennial re-licensure survey was conducted at Sunshine Christian Homes, Inc. assisted living facility. Deficient practice was identified during the survey.

License #5602

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to honor resident rights by failing to ensure a safe living environment by maintaining standard control practices consistent with established and recognized standards for three residents (#1, #2, and #3) of three sampled residents.

Findings Included:

A medication (med) review observation conducted on between 12:00pm - 12:11pm discovered that Staff F (a trained med tech) did not wash or sanitize hands between residents (#1, #2, and #3) while passing meds having the potential to spread Hand sanitizer visible and available on top of med cart throughout med pass.

During an interview conducted on at 01:42pm with the Administrator, revealed that the expectation of Med Techs when passing meds is to "wash hands before beginning and after finishing med pass and to wash or sanitize hands between residents." The Administrator was unable to provide a specific facility policy and procedure for hand washing practices during a med pass.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to produce documentation showing 1 (staff B) of 3 direct care staff had received training in recognizing and reporting, neglect and within 30 days of employment .

Findings included:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910804	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER SUNSHINE CHRISTIAN HOMES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5250 WHIPPOORWILL DRIVE HOLIDAY, FL 34690	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review on _____ of the personnel file for staff #B revealed she was hired on _____ and there was no documentation in her file showing she had received training in recognizing and reporting _____, neglect and _____ within 30 days of employment . Staff B was hired on _____. When interviewed on _____ at 12:59 pm., the administrator's assistant verified there was no documentation in staff B's personnel file showing she had received training in recognizing and reporting _____, neglect and _____ within 30 days of employment . Class III		