

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964404	(X3) DATE SURVEY COMPLETED 07/03/2017
NAME OF PROVIDER OR SUPPLIER SUNNYDAYS ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 169 N.E. PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey with Limited Nursing Services (LNS) was conducted on 7/3/2017 at Sunnydays ALF Inc. (License #9008). The facility had deficiencies identified at the time of the survey.

Note: The LNS portion of the licensure survey was conducted on a separate date. Please refer to the separate report for the findings.

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

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was accurate for 4 out of 6 sampled residents (Resident #1, #4, #5 and #6) who required assistance with the self-administration of medication.

The findings included:

During interview with Staff A on 7/3/2017 at 9:00 AM, she stated she had completed assisting all six residents with their morning medication. She stated that the residents received their medication, but she had not documented the assistance was provided in their MOR's yet.

During review of the 7/3/2017 MOR's, the following omissions and errors were identified:

1) Resident #1

a. 8:00 PM doses for [redacted] were pre-signed for [redacted] Ointment and [redacted]

2) Resident #4

a. 8:00 AM dose for [redacted] had not been initialed as given for [redacted]

3) Resident #5

a. 8:00 AM doses for [redacted] had not been initialed as given for Carbidova ER and [redacted]

b. 12:00 PM dose for [redacted] had not been initialed as given for Carbidova ER.

c. 5:00 PM dose for [redacted] had not been initialed as given for Carbidova ER.

d. 8:00 PM doses for [redacted] had not been initialed as given for [redacted] and [redacted]

4) Resident #6

a. 8:00 AM dose for [redacted] had not been initialed as given for [redacted]

b. 5:00 PM doses for [redacted] were pre-signed for [redacted] and [redacted]

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b. 8:00 PM doses for were pre-signed for .

The Administrator was notified of these findings during interview on at 10:30 AM.

Class III

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

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 3 out of 6 sampled residents (Residents #2, #5 and #6), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication.

The findings included:

a) On at 9:00 AM, the , 2017 MOR for Resident #2 was reviewed and listed "Proair HFA AER inhale 2 puffs four times a day as needed" and " ...twice daily as needed". There were no instructions listed for what reason the resident was to receive this medication when requested.

b) On at 9:00 AM, the , 2017 MOR for Resident #5 was reviewed and listed " 100mg...as needed". There were no instructions listed for what reason the resident was to receive this medication when requested.

c) On at 9:00 AM, the , 2017 MOR for Resident #6 was reviewed and listed " .5mg take 1/2 tablet (.25mg)...as needed". There were no instructions listed for what reason the resident was to receive this medication when requested.

The Administrator was notified of these findings at 10:30 AM on .

Class III

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

Based on record review and an interview, the facility failed to ensure 1 out of 2 sampled staff had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable dated within 30 days of hire.

The findings included:

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On at 9:00 AM, the personnel file for Staff A was reviewed. The file did not contain a written statement from a health care provider that this employee was free from communicable . Staff A stated during interview at this time that she was hired "two months ago". Review of the , 2017 staffing schedule showed this staff member was on schedule to work beginning . When asked, Staff A stated she had not been to a health care provider to obtain the required documentation. During interview with the Administrator on at 9:20 AM, she acknowledged this finding.

On , a statement from a Chiropractor dated , indicating Staff A was free of communicable , was reviewed. The statement was not signed by a "health care provider" as defined in 58A-5.0131 F.A.C. A "health care provider" includes a physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S. The definition does not include a Chiropractor licensed under Chapter 460, F.S.

The facility failed to ensure Staff A had a signed statement by a health care provider documenting that the employee did not have signs or symptoms of communicable dated within 30 days of hire ().

Class III

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

Based on record review and an interview, the facility failed to maintain a written work schedule which reflects the facility's 24 hour staffing pattern for a given time period.

The findings included:

On at 9:30 AM, the written work schedule posted on a bulletin board for 2017 was reviewed. There was no current monthly calendar showing the work schedule reflecting a 24 hour staffing pattern. Staff A confirmed this finding during interview at this time. The facility provided no additional documentation for review at this time.

Class

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provides direct care to residents had received required in-service training in various subjects within 30 days of hire.

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The findings included: a. Review of the personnel file for Staff A who provides direct care to residents revealed there was no documentation of in-service training dated within 30 days of hire () in the following subjects: - Control (1 hour) - Incident Reporting (part of 1 hour) b. Review of the personnel file for Staff B who provides direct care to residents revealed there was no documentation of in-service training dated within 30 days of hire () in the following subjects: - Control (1 hour) - Safe Food Handling (1 hour) The Administrator was interviewed at 9:20 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation of the required training for review at this time. Class III 0082 - Training - / - 58A-5.0191(3) 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 training in within 30 days of hire. The findings included: Review of the personnel file for Staff A who provides direct care to residents revealed there was no documentation of training in dated within 30 days of hire. Staff B was hired on . The Administrator was interviewed at 9:20 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation of the required training for review at this time. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff		

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A) who provides direct care to residents had received at least one hour of training in the facility's policies regarding 's () within 30 days of hire. The findings included: Review of the personnel file for Staff A who provides direct care to residents revealed there was no documentation of at least one hour of training in the facility's policies regarding 's () within 30 days of hire. Staff B was hired on . The Administrator was interviewed at 9:20 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation of the required training for review at this time. Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on review of facility staff schedule, Background Screening Clearinghouse review, and an interview, the facility failed to maintain a current employee roster for all employees of the facility. The findings included: On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, Staff A was not listed on the roster. Review of the facility's staffing schedule revealed Staff A is a current employee at the facility with a start date of . Staff A was present at the facility on and confirmed during interview at 9:00 AM that she had been working at the facility for "two months". During interview with the Administrator on at 9:20 AM, she confirmed she had not completed the Clearinghouse Employee Roster with the addition of Staff A as of the date of this survey. A review later conducted of the Agency's Background Screening Clearinghouse website on showed Staff A was on the roster, added on . Unclassified Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on employee record review and an interview, the facility failed to obtain a new background		

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screening for 1 out of 2 employees reviewed, who had a break in employment greater than 90 days from the date that the Level II Criminal Background Screening was completed and the employee's date of hire (Staff A). The findings included: On , during record review for Staff A, it was noted Staff A's date of hire was and the date of her background screening was . A review of Staff A's employment history on the Agency's Background Screening Website showed Staff A had a break in employment greater than 90 days between the date her background screening was completed and the employee's date of hire () at this facility. An interview was conducted with Staff A on at 9:00 AM. At this time, Staff A could provide any documentation or information showing she did not have a break in service of more than 90 days from a previous position that required a criminal background screening by a specified agency. The facility provided no additional documentation for review at this time. Unclassified		