

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910413	(X3) DATE SURVEY COMPLETED R 07/26/2017
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 Revisit survey was conducted on 07/26/2017. Sun Bay Manor II with a standard license (AL 7561) had the following deficiency identified at the time of the survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on observation, record review, and interview, the facility failed to have a Manager who passed the CORE competency test no later than 90 days after becoming employed as a facility's Manager. Findings included: Review of Staff B's employee file revealed the staff was hired on _____ as the Manager of the facility and the CORE training was completed on _____. On _____ at 1:20 PM Staff B stated, "I took the test in _____ of this year at the college campus and I failed the test by 2 points." Uncorrected Class III		