

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910413	(X3) DATE SURVEY COMPLETED R 09/26/2017
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 Second Revisit Survey was conducted on 09/26/2017. 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 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. 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 _____. The facility did not have any documentation that Staff B passed the CORE test within 90 days of employment. On _____ at 11:17 AM Staff B stated "I was supposed to take the test this Saturday on _____, 30, 2017, but I need to re-schedule because this whole issue with the Hurricane, I did not prepare and I know I will fail the test." Uncorrected Class III		