STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R 10/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERCARE OF MIAMI LAKES INC	**6911 BAMBOO ST MIAMI LAKES, FL 33014**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/18/17. Sunshine Eldercare of Miami Lakes Inc (license #12403) with Limited Mental Health component had the following deficiencies identified at time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record updated after one of five sampled residents was hospitalized for illness (#1).

Findings included:

Record review revealed Resident #1 discharged from the hospital on from acute ( ), , and , . Record review revealed the facility did not have any documentation regarding Resident #1's hospitalization or changes in health condition. The facilities last note was dated .

On at 12:30 PM the Administrator confirmed Resident #1's last note was dated . And confirmed that Resident #1's notes were not updated after she was hospitalized.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure staff had certificates that included the required information for one of two sampled staff (Staff B).

Findings included:

Observations on at 10:20 AM found Staff A and B in the facility caring for a census of five residents.

Record review revealed Staff A and B's training certificates including in-service and / did not have the training provider's name and credentials.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R **10/18/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST** **MIAMI LAKES, FL 33014**	

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

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to record weights semi-annually for two of five sampled residents were required assistance with activities of daily living (#1 and #2).

Findings included:

Record review revealed Resident #1 and #2 's health assessment documented that both residents needed assistance with activities of daily living. The facility did not have documentation of recording weights for Resident #1 and #2 semi-annually.

On at 12:30 PM the Administrator confirmed the residents' last weights were .

Class III