STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R 12/28/2017

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 12/28/17. 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 written records after one of five sampled residents and was admitted to the hospital (#1).

Findings included:

Interview on at 1:30 pm Staff B stated, "Resident #4 went to the hospital yesterday ( ) she around 5:00 pm or 6:00 pm. Staff B also stated that the Resident #4 was in the her, and the resident turned after finish the resident brushed her and loss balance.

Interview on at 1:37 pm Staff B stated, "The Administrator came last night after Resident #4 went to the hospital, she was here. I did not write about Resident #4's incident, and we have no writing information about what happened with Resident #4 yesterday."

Record review revealed Resident #4's record did not have any documentation regard the resident's or admission to the hospital on . Resident #4's progress notes was last updated on .

Class III
Uncorrected deficiency

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

Based on record review and interview, the facility failed to have a complete health assessment for one of six sampled residents (#6).

Findings included:

Record review revealed Resident #6's health assessment did not have a diet order and the required medication assistance information.

Interview on at 2:12 pm Staff B confirmed Resident #6's health assessment did not have the diet and medication information blank. Staff B revealed Resident #6 needed assistance with

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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)

self-administration of medications.

Class III
Uncorrected deficiency