STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	**05/23/2018**
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . Sun Bay Manor (License #6094) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to ensure the medication observation records (MORs) that included the name of the resident's health care provider's name and telephone number for 1 out of 6 (Resident #1) residents.

Findings as follow:

Record review found the MORS for Resident #1 showed it did not have the health care provider's name and phone number.

On at 12:10 PM Staff B stated they forgot to complete the MORs with the name and phone number of the physician but will do it immediately.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint, in writing, a manager for each facility.

Findings as follow:

Review of the health finder database showed the Administrator supervised three assisted living facilities.

The facility's record review showed the facility did not have a manager appointed.

On . . . . . at 1:00 PM Staff B stated Staff A is the Administrator of three facilities and they don't need a manager.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

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

Based on record review and interview the facility failed to have 1 out of 10 (Staff F) staff trained in assistance with self administration of medications, 4 hours.

Findings as follow:

Record review showed the facility had no documentation of Staff F received the initial 4 hours of medication training.

On at 2:10 PM Staff B stated Staff F had the medication training, showing a 2 hour medication training documented but acknowledged Staff F did not have the training.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an emergency management plan submitted for review and approved for the local emergency management agency.

Findings as follow:

Record review showed the facility' last emergency management plan was approved on .
Record review also showed the facility submitted the emergency plan for review to the local agency on . Further review showed the facility had no documentation of the emergency management plan approval.

On at 2:00 PM Staff B stated they have call to the local agency to request the emergency plan approval letter but they are backed up.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to make changes in the employment status within the background screening clearinghouse database for 4 out of 10 (Staff H, I, and J) sampled staff.

Findings as follow:

The clearinghouse database showed Staff H, I, and J were listed in the employee roster as facility employees.

On . . . . . at 2:PM Staff B stated Staff H, I and J were not facility employees. She acknowledged the facility failed to remove the staff from the employee roster.

Unclassified