STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	**06/26/2018**
NAME OF PROVIDER OR SUPPLIER **SUNRISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4102 COOLEY COURT** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on- . . . . . at Sunrise Adult Care.(License #8286). The facility had deficiency identified at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all residents are reassessed for continued residency every three years or upon a significant health change in which the findings are documented on a new Resident Health Assessment form (AHCA form 1823), for 6 out of 6 sampled residents records reviewed (Resident #1-#6).

The findings included:

During records review on . . . . , it was initially discovered that 2 of 6 sampled health assessment screening were not updated for 2 of the 6 Residents of the facility.
An interview with the Administrator on . . . . . at 2:05 PM, confirmed the findings. In addition, he reported that he was not aware that the 1823's were supposed to be updated, unless there was a significant change. The following was noted based on review of health assessments.

a) Review of Resident #1's health assessment revealed that it was completed on . . . and was admitted to the facility the same year.
b) Resident #2's health assessment was completed on . . and was admitted to the facility that same year.
c) Resident #3's health assessment was completed on . . . and the admission date was on the same year (2015).
d) Resident #4's health assessment was completed on . . . . and was admitted to the facility the same year.
e) Resident #5's health assessment was completed on . . and was admitted to the facility the same year.
f) Resident #6's health assessment was completed on . . . . , and he was admitted to the facility the same year.

All the aforementioned were initial health screening. The Administrator said during the exit meeting that he was going to have the residents rescreened and their health assessment completed as soon as possible.

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Class III