STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953603	**06/26/2018**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ADULT CENTER #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **170 WEST 13 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Licensure Survey was conducted on . . . . . . Sunshine Adult Center #2, License #5971, with Limited Mental Health component had deficiencies at the 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 have written updated records for one out of 14 sampled Residents (Resident #1) that was hospitalized.

Findings included:

A review of the facility records on . . . . . revealed that Resident #1 was admitted at a local hospital on based on the hospitalization log. There were no progress notes found in the Resident's file with information of whether or not the family was informed.

During an interview on at 2:28 PM, the Administrator acknowledged that the resident's record were not up to par with the regulations.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations, record review, and interview, the facility failed to honor one out of 14 sampled residents' rights by moving Resident #1 to another facility without his authorization.

Findings included:

During the facility's tour on at 5:53 AM, 19 residents were counted in the facility.

A review of the facility's admission and discharged log revealed that there were 21 Residents listed. Resident #1 who was hospitalized and not discharged did not have a bed in the facility.

During an interview on . . . . . Staff D stated "When Resident #1 comes back, the resident will be in the other facility".

During the exit interview on at 2:28 PM, the Administrator stated "I am not over capacity. I have

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SUMMARY STATEMENT OF DEFICIENCIES
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plenty of empty beds in the other facility."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure that a home health agency leave documentation in the facility for services provided to one out of 14 sampled residents (Resident #2).

Findings included:

A review of Resident #2's file revealed the resident was diagnosed with Type 2. A review of Resident #2's home health record revealed that there were no records of administration available for a review.

During and interview on at 09:40 AM, the Administrator went through the file and stated "this why I don't like home health, they never leave any records."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one of 13 sampled staff, (Staff M).

Findings included:

Record review for Staff M showed a hired date of . Staff M's statement was dated , which was more than 6 months prior to employment.

On , 2018 at 2:25 pm during the exit conference, the Administrator acknowledged that Staff M did not have a current statement.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) 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 provide proof of providing assistance with the activities of daily living training (ADLs), elopement training and resident rights training for three of 13 sampled staff, (Staff D, I, and L).

Findings included:

Record review for Staff L showed a hired date of and no proof of ADLs, elopement and resident rights training. Record review of Staff D, hired on ., and Staff I, hired on had no proof of incident reporting training, residents' rights, and recognizing/ reporting , neglect & , training. Staff I did not have any proof of elopement, emergency preparedness, and ADLS training.

On , 2018 at 2:25 pm during the exit conference, the Administrator stated, "I know that she has all those training, I have to look for them, I do not know where they are".

Class III

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

Based on record review and interview, the facility failed to provide proof of the 2 hour annual assistance with self-administered medication and medication management training for one of 13 sampled Staff, (Staff M).

Findings included:

Record review for Staff M showed 4 Hour training dated and 2 Hour training dated was also dated .

On , 2018 at 2:25 pm during the exit conference, the Administrator acknowledged that Staff M was missing the required training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations, record review, and interview, the facility failed ensure direct care Staff D and I receive at least one hour of training in the facility's policy and procedures regarding ( ) training within 30 days after employment.

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Findings included:

Staff D was observed in the facility assisting the residents with activities of daily living.

A review of the facility's personal files on revealed that the facility did not have a training in file to review for Staff D, hired on , and Staff I, hired on .

During an interview on at 2:28 PM, the Administrator acknowledged that the staff did not have their in-service training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to maintain the 3-day emergency supply separate from foods used in a daily basis. The facility failed to follow the dated and planned menu prepared by a licensed or registered dietitian.

Findings included:

On , 2018 at 8:00 am, observed all dry foods for daily use and 3-day emergency in one area for two facilities, this space was not separated inside a storage inside the kitchen of the facility.

On , 2018 at 8:00 am, observed breakfast served for all residents (slice of bread with butter, warm evaporated milk, hard cereal and a glass of water).

On , 2018 at 8:00 am, Staff L stated, "We have plenty of food supply every day, I use them all and rotate them so they do not expire". In reference to the breakfast, Staff L stated, "The menu changes weekly, I get the whole month and change the page each week. They like the milk warm, I just serve juice to one resident who does not drink milk."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean, comfortable environment in

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SUMMARY STATEMENT OF DEFICIENCIES
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three of eight sampled . (#2, #3 and #7).

Findings included:

On , 2018 at 6:15 am, during the tour of the facility, observed at , pieces of cigarettes on top of the night stand. Observed at 2 and 3 soiled bed sheets and a foul odor.

On , 2018 at 6:20 am, Staff D stated, "Resident 5 smokes.. In reference to 2 and 3, Staff D stated, "We wash their clothes every day and wash their bed sheets once a week."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observations and record review, the facility failed to have an up to date admission and discharge log.

Findings included:

During the facility's tour on at 5:53 AM, 19 residents were counted in the facility.

A review of the facility's admission and discharged log revealed that there were 21 Residents listed. Resident #1 who was hospitalized and not discharged did not have a bed in the facility.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain an accurate and completed personnel records for two out of 13 sampled staff (Staff B and C).

Findings included:

A review of the facility's personnel file on revealed that the facility did not have to have a signed copy of the attestation of compliance with background screening requirements in file for Staff B , hired on , and a dated job application for Staff C as well as a job description.

During an interview on at 2:28 PM, the Administrator acknowledged the the facility did not have

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SUMMARY STATEMENT OF DEFICIENCIES
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an attestation for Staff B and a job description for Staff C.

Class III

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

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis.

Findings included:

A review of the facility's record on revealed that Comprehensive Emergency Management Plan letter of approval dated was expired.

During an interview on at 2:28 PM stated "yes, I know, I sent the CEMP package in , and sent it back again and paid for it, but I have not received it yet."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have limited mental health resident identified on the admission and discharge log and have updated records for one out of 14 sampled residents (#11).

Findings included:

A review of the facility admission discharge log on revealed that there were 21 residents listed without any discharged. Within 21 Residents only one Resident was listed as Limited Mental Health (LMH) Resident.

During an interview on at 6:34 AM, the Administrator stated "the facility has only 13 LMH Residents."

Record review also found Resident #11's annual community living support plan was dated , the facility did not have an update for review.

Class III

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Based on record review and interview, the facility failed to have written updated records for one out of 14 sampled Residents (Resident #1) that was hospitalized.

Findings included:

A review of the facility records on . . . . . revealed that Resident #1 was admitted at a local hospital on based on the hospitalization log. There were no progress notes found in the Resident's file with information of whether or not the family was informed.

During an interview on at 2:28 PM, the Administrator acknowledged that the resident's record were not up to par with the regulations.

Class III

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Based on record review and interview, the facility failed to a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one of 13 sampled staff, (Staff M).

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Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean, comfortable environment in

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On , 2018 at 6:20 am, Staff D stated, "Resident 5 smokes.. In reference to 2 and 3, Staff D stated, "We wash their clothes every day and wash their bed sheets once a week."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observations and record review, the facility failed to have an up to date admission and discharge log.

Findings included:

During the facility's tour on at 5:53 AM, 19 residents were counted in the facility.

A review of the facility's admission and discharged log revealed that there were 21 Residents listed. Resident #1 who was hospitalized and not discharged did not have a bed in the facility.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain an accurate and completed personnel records for two out of 13 sampled staff (Staff B and C).

Findings included:

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an attestation for Staff B and a job description for Staff C.

Class III

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

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis.

Findings included:

A review of the facility's record on revealed that Comprehensive Emergency Management Plan letter of approval dated was expired.

During an interview on at 2:28 PM stated "yes, I know, I sent the CEMP package in , and sent it back again and paid for it, but I have not received it yet."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have limited mental health resident identified on the admission and discharge log and have updated records for one out of 14 sampled residents (#11).

Findings included:

A review of the facility admission discharge log on revealed that there were 21 residents listed without any discharged. Within 21 Residents only one Resident was listed as Limited Mental Health (LMH) Resident.

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Record review also found Resident #11's annual community living support plan was dated , the facility did not have an update for review.

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