STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	R 08/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUN BAY MANOR	**8440 SW 155 TERRACE** **MIAMI, FL 33157**

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

0000 - Initial Comments

Surveyor: Chantez, Lourdes

A Standard Biennial revisit survey was conducted on . . . . . Sun Bay Manor (License 6094). The facility had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview, the facility failed to provide a safe living environment to one of six sampled residents, (Resident #6).

Findings included:

On . . . , 2018 at 7:00 am, observed Resident 6's bed with 1/2 bed rail located in the middle of the bed with a knob that needed to be unscrewed for the rail be removed.

On . . , 2018 at 9:30 am, Staff B stated that the resident could not remove the railing by self and that they would fix the railing for the resident.

Record review of Resident 6 showed a prescribed 1/2 bed rail signed by doctor.

Class III

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

Surveyor: Chantez, Lourdes

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

Findings included:

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 at two of the three

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	R **08/01/2018**
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)

facilities.

On at 9:30 am, Staff B stated, "Staff F is going to be the Manager here, Staff F took the course; they told me that not until the exam is passed, we cannot update the roster".

Uncorrected Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview, the facility failed to provide proof of current liability insurance at all times.

Findings included:

Record review of the facility showed an expired liability insurance dated to .

On , 2018 at 9:00 am, Staff B stated that she called the insurance company to request the current policy.

Class III