

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964851	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER SUNSHINE ASSISTED LIVING, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 6513 NW 55TH STREET CORAL SPRINGS, FL 33067	

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

0000 - Initial Comments

An unannounced Second Relicensure revisit survey was conducted as a desk review on 09/06/2018 at Sunshine Assisted Living, Inc. , License #9300. The facility had an uncorrected deficiency at the time of the visit.

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

Based on record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was submitted and approved annually by the local Emergency Management Agency.

The findings included:

On 09/06/2018, record review of the facility records revealed there was no evidence of the CEMP (comprehensive emergency management plan) that was approved by the local emergency management agency. During documentation review, there was no evidence of an approved CEMP. During an interview with the Administrator on 09/06/2018, the Administrator stated she had not submitted the new plan yet because the new emergency management plan request for an employee plan and she was not sure about what the employee plan should include. She further stated she contacted her consultant and the consultant stated he was unsure about what the employee plan should include. The administrator confirmed that she does not have a current approved CEMP.

On 09/06/2018, record review of the facility records revealed there was no evidence of an approved CEMP on file for 2017 or 2018. During documentation review, the facility received a Emergency Environmental Control Plan (EECP) Deficiency letter dated 09/06/2018 and stated the EECP does not meet the requirement of the new Florida Administrative Rule 58A-5.036 and the criteria established by the state of Florida Agency for Health Administration (AHCA). During an interview with the Administrator on 09/06/2018, she stated she has until 09/13/2018 to submit the requested information. There was no approved CEMP on file in the facility. During an interview with the Administrator on 09/06/2018 at approximately 11:45AM, she acknowledged she does not have a current approved CEMP on file for 2018. No additional documentation was provided for review.

On 09/06/2018 at 2:10PM, an interview with the facility Administrator revealed that the facility did not have a current approved CEMP for the facility. According to the Administrator, a revision was submitted on 09/06/2018.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964851	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER SUNSHINE ASSISTED LIVING, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 6513 NW 55TH STREET CORAL SPRINGS, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
and that the facility is still awaiting the approval letter. Therefore, the facility was unable to provide documentation indicating the facility had an approved CEMP. Class III Uncorrected Deficiency		