STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953603	R 08/31/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ADULT CENTER #2	**170 WEST 13 STREET** **HIALEAH, FL 33010**

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

0000 - Initial Comments

A Standard Biennial Revisit and Generator Monitoring Survey was conducted on 08/31/18. 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 maintain a written record, updated as needed, of any significant changes, and any illnesses that resulted in medical attention for one out of 13 sampled residents (Resident #1 and #2).

Findings included:

A review of Resident #1' file on revealed that there was a progress note dated which stated "Resident was very agitated, Primary Care Physician was called and the resident was transferred to a near by hospital. Family was notified. ..." There was no other notes.

A review of Resident #2's file on revealed that the progress notes dated stated "Resident was very and almost fainted. 911 was call. Resident's , was . Resident was taken to near by hospital. Resident C/M (case manager) was notified. There was other notes to review. It is unknown when the resident was discharged.

During an interview on at 11:49 AM the Administrator stated "Resident #1 is still at the hospital." At 12:07 PM the Administrator stated "only Resident #2 went to the hospital since the biennial." At 2:00 PM, the Administrator stated "I write all the notes at the end of the month. For the resident who still in the hospital I don't have no control over that. For Resident #2, I can do it right now if you want me to. Resident #2 was discharged on . I have it in a book. I just write the notes at the end of the month. Resident #2 has new medication too."

Uncorrected Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for four out of 14 sampled residents (Resident #2, #3, #6, #8, #9, #11, and #17).

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	AL11953603	R **08/31/2018**
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)

Findings included:

A review of the facility's record on revealed that the facility had a surety bond dated - for $10,000.00.

A review of the facility's bank transactions for , , and revealed that the facility was the payee for Resident #2, #3, #6, #8, #9, #11, and #17. The facility's bank statement also revealed that on the facility received payments for: Resident #2 - $675.00, Resident #3 - $750.00, Resident #6 - $172.00 and $598.00 on , Resident #8 - $750.00, Resident # 9 - $750.00, Resident # 11 - $750.00, and Resident #17 - $750.00. The facility received a total of $5,195.00.

During an interview on at 10:22 AM the Administrator stated "Resident #11 social security is $750.00 and we bill Medicaid for the rest." The Administrated added. I am the payee for only five Residents."

Class III