

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/27/2018  
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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967423</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>09/10/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNSHINE SENIOR CARE SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1730 NW 111TH TERRACE<br/>PEMBROKE PINES, FL 33026</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced Relicensure Survey was conducted on . . . . . at Sunshine Senior Care Services, License #11457. The facility had deficiencies at the time of the visit.</p> <p><b>0079 - Staffing Standards - Levels - 58A-5.019(3) FAC</b></p> <p>Based on observation, record review and interviews, the facility failed to maintain an accurate and current staffing schedule that reflects the 24 hour staffing pattern for all employees.</p> <p>The findings included:</p> <p>Review of the staffing schedule on . . . . . revealed that Staff B is scheduled to work the 6AM to 6PM shift Sunday through Saturday. Observations of the staff working the day of the survey revealed only Staff A, and no additional staff member came in to assist Staff A between the hours of 9:30 AM to 3:00PM.</p> <p>During an interview with Staff A on . . . . . at 2:00 PM, it was stated that tonight Staff E is to come into work to be trained but is not working alone yet, and that Staff E was hired last week. It was further stated that herself or the Administrator has been working at night because Staff B no longer works at the facility.</p> <p>During an interview with the Designee on . . . . . at 3:00 PM, the findings were discussed and acknowledged, no further documentation was provided during this time .</p> <p>Class III</p> <p><b>0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC</b></p> <p>Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) who provides direct care to residents had received the required training in-service training within 30 days of employment.</p> <p>The findings included:</p> |                                                                                                    |                                                     |

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| <p>Review of personnel file for Staff A hired on . . . . ., who provides direct care to residents, revealed there was no documentation of the of the required 1 hour in-service training in Elopement Response.</p> <p>During an interview with the Designee at 3:00 PM on . . . . . the findings were discusses and acknowledged, no further documentation was provided during this time.</p> <p>Class III</p> |                                                                                                    |                                                     |