STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on , , , Sunny Days Retirement Home, license #10955, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was complete for 1 of 3 sampled residents (#3).

Findings:

Resident #3's record revealed a facility admission date of . A most recent 1823 health assessment form, dated , did not contain the address of the examiner and page 5 was not completed. The missing information was not documented elsewhere in the record.

On at 3:24 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews and interview, the facility failed to ensure the record for 1 of 3 sampled residents (#3) contained an interdisciplinary care plan, which specified the services being provided by hospice and those being provided by the facility.

Findings:

Resident #3's record revealed a facility admission date of . She was admitted to hospice services on . The record did not contain an interdisciplinary care plan between hospice and the facility, as required.

On at 3 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	01/17/2019
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interviews, the facility failed to document notification to the family and health care provider when 1 of 6 sampled residents (#3) was sent to the hospital and failed to notify a health care provider when a medication for 1 of 3 sampled residents was unavailable and not given.

Findings:

1. On at 11:05 a.m. resident #3's family member said the facility did not communicate changes with the family.

Resident #3's record revealed a facility admission date of . Her diagnoses included .

A facility note, dated , indicated that she was having , and she was sent to the emergency room. The record did not contain documentation to indicate the facility notified family and the resident's health care provider, as required.

On at 5:20 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

2. Resident #2's record revealed a facility admission date of . A most recent 1823 health assessment form, dated , indicated that she required assistance with self-administered medications.

Resident #2's Medication Observation Record (MOR) contained entries for the following:

160 microgram (mcg)-4.5 mcg inhaler, 2 puffs twice daily.
10 milligrams (mg) per milliliter (ml,) by every 12 hours.
40 mg, 1 tab by daily.

From through , the letter 'm' was documented for each medication. On at 3 p.m. the administrator said the 'm' represented 'missing' because the resident was unable to pay for the medications. The record did not contain documentation to indicate the facility notified a health care provider when the resident was unable to get her medications. The administrator said the resident's

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

health care provider was not informed.

Photographic evidence obtained.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on interviews and record review, the facility failed to follow its grievance procedure when 1 of 6 sampled residents (#2) filed a grievance and failed to develop written policies and procedures that addressed reporting resident , neglect, and .

Findings:

On at 10:30 a.m. resident #2 said that three weeks ago she and caregiver B got into an argument. She went to the caregiver's room to ask for a pill, the caregiver said she was not on duty, then she used the bedroom door to push the resident out of the room. The resident said the door hit her right causing a . Observations made revealed the area she pointed to on her contained a -sized purple . The skin was intact. She said since the incident she and caregiver B "mended fences."

On at 1:45 p.m. the administrator said she was at the facility on the night resident #2 referred to and the resident reported it to her however, she did not believe the resident's story. She said the on the resident were present when she returned from a hospital stay prior to the incident, she brought the resident and caregiver B together to talk about the incident, she believed it was just a misunderstanding, and now the resident and caregiver were close. She said she did not report the resident's allegation to DCF nor did she document a grievance.

On at 2:20 p.m. a request was made to review the facility's policy and procedures that addressed reporting resident , neglect, and . The administrator said the facility did not have such a policy.

The facility's grievance policy indicated that all complaints and actions taken will be documented and kept in the individual files for future references.

Resident #2's record did not contain documentation of the incident.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	**01/17/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS RETIREMENT HOME INC	**2402 GREENACRE RD APOPKA, FL 32703**

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

Photographic evidence obtained.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations, record reviews and interview, the facility failed to ensure the unlicensed caregiver (A) who assisted a resident (#1) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #1 on at 11:49 a.m. revealed unlicensed caregiver A sanitized her , unlocked the medication cart then removed med packages. While standing at the cart, she popped the medication into a cup then placed the packages into the cart. She took the cup to the resident, who was sitting at the dining room table. The resident took the medication without assistance. Caregiver A observed the resident take the medication then she signed the medication observation record.

Caregiver A did not take the medication, in its previously dispensed, properly labeled container from where it was stored, bring it to the resident and in the presence of the resident, read the medication label aloud then remove a prescribed amount of medication, as required.

On at 4:45 p.m. caregiver A confirmed the findings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on personnel record reviews and interview, the facility failed to ensure the person designated as responsible for the facility's food service and day-to-day supervision of food service staff (administrator) obtained a minimum of 2 hours continuing education annually from an approved trainer.

Findings:

On at 4:30 p.m. the administrator identified herself as the person responsible for the facility's food service. Her personnel record contained certificates of training, dated and , on food safety training however, the certificates did not contain the duration of the training to indicate the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS RETIREMENT HOME INC	2402 GREENACRE RD APOPKA, FL 32703

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

required 2 hours was received and did not contain documentation to indicate the trainer was a Certified Food Manager, Licensed Dietician, Registered Dietary Technician or Health Department Sanitarian.

The administrator confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record reviews and interview, the facility failed to ensure a certificate of training for 2 of 3 sampled staff (A and B) contained all of the required information.

Findings:

1. Caregiver A was hired on . Her personnel record contained certificates of training, dated , , and , on food safety however, the certificates did not contain a duration of the training, as required.

2. Caregiver B was hired on . Her personnel record contained certificates of training, dated and , on food safety however, the certificates did not contain a duration of the training, as required.

On at 4:30 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class

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

Based on observations and interviews, the facility failed to maintain an environment free of hazards.

Findings:

Observations made in # , the room occupied by resident #1, on at 10:51 a.m. revealed the cover over a phone jack was off and wires were exposed. Resident #1 said the cover had been off for "a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	01/17/2019
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

couple of months."

On at 4:45 p.m. the administrator confirmed the finding and said she knew the cover was off.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 3 staff (A) contained furnished references.

Findings:

Caregiver A was hired on . Her personnel record did not contain references, as required.

On at 3:35 p.m. the administrator confirmed the finding and was unable to provide additional documentation.

Photographic evidence obtained.

Class

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record reviews and interviews, the facility failed to report an allegation of to the Department of Children and Families (DCF) for 1 of 3 sampled resident (#2.)

Findings:

On at 10:30 a.m. resident #2 said that three weeks ago she and caregiver B got into an argument. She went to the caregiver's room to ask for a , pill, the caregiver said she was not on duty, then she used the bedroom door to push the resident out of the room. The resident said the door hit her right causing a . Observations made revealed the area she pointed to on her contained a , -sized purple . The skin was intact. She said since the incident she and caregiver B "mended fences."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	**01/17/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS RETIREMENT HOME INC	**2402 GREENACRE RD APOPKA, FL 32703**

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

On at 1:45 p.m. the administrator said she was at the facility on the night resident #2 referred to and the resident reported it to her however, she did not believe the resident's story. She said the on the resident were present when she returned from a hospital stay prior to the incident, she brought the resident and caregiver B together to talk about the incident, she believed it was just a misunderstanding, and now the resident and caregiver were close. She said she did not report the resident's allegation to DCF nor did she document a grievance.

Resident #2's record did not contain documentation of the incident.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, review of Florida health finder and interview, the facility failed to maintain a copy of its approved emergency power plan at the facility, failed to store 48 hours of fuel onsite, failed to develop the required written policies and procedures, failed to acquire monoxide alarms and failed to, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

Review of Florida health finder on at 10:08 a.m. revealed the facility had a fixed generator that would power the entire facility, the facility's plan was approved by the county's emergency management on , and the facility was granted an implementation extension until .

On at 4:50 p.m. a request was made to review the facility's plan and the required written policies and procedures to ensure the facility can effectively and immediately activate, operate and maintain the generator and any fuel required for the operation of the generator and ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. The administrator said the policies and procedures were incorporated into the plan and the plan was not available at the facility but rather was with the person she hired to develop the plan.

Observations made on at 5 p.m. revealed the facility did have a fixed generator but did not have any fuel.

On at 5:04 p.m. the administrator said the facility was waiting on a fuel storage tank to be

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	01/17/2019
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

installed and an agreement was made with the propane company to provide fuel if needed prior to installation of the tank. Additionally, she said the facility did not acquire monoxide alarms nor did it notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record reviews, review of the Agency's background screening website and interview, the facility failed to maintain the current results of a background screening in the personnel record for 1 of 3 staff (B) who was in a role that required a background screening.

Findings:

Caregiver B was hired on . Her personnel record contained a background screening, printed on that indicated 'awaiting privacy policy.'

Review of the Agency's background screening website on at 3:35 p.m. revealed caregiver B had an eligible screening on however, the results were not in the personnel record, as required.

On at 3:44 p.m. the administrator confirmed the findings.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record reviews and interview, the facility failed to ensure 3 of 3 personnel records (A, B, and administrator) contained an Attestation of Compliance with Background Screening Requirements.

Findings:

Review of the facility's background screening roster on at 10 a.m. revealed the following:

Caregiver A was hired on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

SUMMARY STATEMENT OF DEFICIENCIES
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Caregiver B was hired on .

The administrator was hired on .

Caregiver A's, B's, and the administrator's files did not contain an Attestation of Compliance with Background Screening Requirements, as required.

On at 3:35 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Unclassified