STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965505	R 02/18/2019
NAME OF PROVIDER OR SUPPLIER **SUN COAST RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **813 SW 9TH STREET** **HALLANDALE BEACH, FL 33009**	

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

0000 - Initial Comments

An unannounced revisit to Re-licensure Survey was conducted in conjunction with a Complaint Survey CCR#2018016813 on and at Sun Coast Residential Care assisted living facility (License #9856). The facility had uncorrected deficiencies identified at the time of the visit.

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

Based on record review, observations, and interview, the facility failed to ensure the Resident Health Assessment form (AHCA 1823 form) was completed within 30 days of admission into the facility and ensure that the form addresses all of the residents' current care needs for 3 of 4 sampled residents residing at the facility (Resident #1, Resident #2 and Resident #3).

The findings included:

a) Review of the file on for Resident #2 revealed no AHCA 1823 form, physician orders or progress notes observed in the residents file. Review of the residents demographic sheet revealed that the resident was admitted into the facility on . During an interview with Resident #2 at 12:00 PM, it was revealed that the resident is visually , and need assistance with all activities of daily living (ADL's). Review of the file revealed no documentation that reflects Resident #2's current condition or anything that reflects his current care needs.

Review of the file and the AHCA 1823 form for Resident #3 dated for revealed that Resident #3, admitted to the facility on is independent with all ADL's and has a medical history and diagnosis of Unspecific , loss, tobacco use, , and a unspecific hypertrophic condition of the skin. Interview with Resident #3 on revealed that the resident is visually , and needs assistance with all ADL's except eating.

b) During the onsite revisit conducted on the AHCA form 1823 were requested for Resident # 2 and Resident # 3 from Staff A. She stated that she had no idea where the forms would be located. Staff A stated that she did not know anything about the records. Staff A was able to locate records for Resident # 2 and Resident # 3. Surveyor reviewed the record for Resident # 2 and no AHCA form 1823 was located in the file. Surveyor reviewed the record for Resident # 3 and the AHCA form 1823 is still uncorrected. Upon arrival to the facility Staff A called the Administrator to let him know that the surveyor was there to conduct an onsite revisit survey. The Administrator stated that he was unavailable and he was at the airport on his way about to leave town.

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c)
1. Review of the file for Resident #1 during an onsite revisit conducted on , revealed that Resident #1 admitted to the facility on had an AHCA 1823 form dated for that stated under medical history and diagnosis "see attachment" and no documentation was attached to the form.

2. Review of the file for Resident #2 on revealed an AHCA 1823 form dated for that stated under the medical history and diagnosis section that the resident is in the right only. During an interview conducted with Resident #2 on at 10:04 AM, it was revealed by the resident that he is visually in both . On the section that ask what kind of assistance the individual needs with his or her medications the box is checked off that the resident requires medication administration. On the section labeled nursing needs and care it also states medication administration.

During an interview with Staff A and the Administrator on at 3:44 PM both staff confirmed that the resident receives assistance with self-administration of medications.

3. Review of the 1823 form for Resident #3 dated for revealed that the resident requires supervision with all of his ADL's. Observations and interview with the resident on between the times of 9:30 AM and 10:00 PM revealed that the resident is visually and requires assistance from staff with all ADL's. During an interview with Staff A on at 3:47 PM revealed that she assist Resident #2 with all ADL's daily due to his visual .

During an interview with the Administrator on at 4:00 PM, it was acknowledged that the AHCA 1823 health assessment forms were still inaccurate from the previous re-licensure and revisit surveys, no additional documentation was provided for review.

Class III
Uncorrected

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

Based on interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

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a) Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on no current documentation was provided. During an interview with the Administrator at 11:00 AM on , it was stated that this is the last one I have, and that I recently just got the environmental control plan in . Review of the last CEMP approval letter was dated for in which it was approved up until of 2018 from the local emergency management division.

b) During the revisit survey conducted on 10:17 AM , the surveyor at the onsite revisit reviewed the last Comprehensive Emergency Management Plan (CEMP) approval letter dated , . The Plan was valid through , . The CEMP is expired. The facility had no further documentation indicating the CEMP was approved.

c) A second revisit to the Re-licensure Survey was conducted on at 9:30 AM. When requesting to review the most approved CEMP for the year of 2019, it was stated by the Administrator at 1:00 PM on that I submitted it in in but I still have not received anything yet. The Administrator called the local Emergency Management Division and spoke with "Confidential." With surveyor intervention, an interview was conducted with "Confidential" at 1:05 PM on regarding the CEMP status. It was stated that the CEMP has not been reviewed, and that I will send something to the Agency no later than Friday once it has been approved. During this time, both "Confidential" and the Administrator was informed that the facility is out of compliance and if no documentation is received by the Agency during this time the deficient practice will remain uncorrected.

On , no documentation had been submitted to the Agency regarding the approved CEMP from the facility or the local Emergency Management Division. No further information provided for review during this time.

Class III
Uncorrected

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review and interview, the facility failed to ensure that all persons that has access to the residents' personal property and living areas had an Agency for Health Care Administration (AHCA) background screening (BGS) completed.

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The findings included:

A. The Surveyor arrived at the facility at 9:45 AM on . . . . . and was greeted by someone the name of "Confidential" at the facility's front gate. The gate was locked, and "Confidential" asked who was the Surveyor and that the Administrator was not here at the facility and that she would call him. The Surveyor showed the state ID badge in which "Confidential" than went inside the facility to go get the phone and gate code leaving the Surveyor standing outside of the gate unable to get into the facility.

Upon entrance to the facility at 9:55 AM it was asked to "Confidential" what is her last name and her title at the facility. "Confidential" stated that she does not work at the facility and that she is just a visitor that comes every few weeks. When asked is there any staff here working, it was stated "yes The Administrator." The Surveyor stated that the Administrator is not here, is anyone else here that is working? it was stated no, and that the Administrator will be here soon.

While waiting for the Administrator to arrive at 9:57 AM "Confidential" was observed sweeping the floor in the kitchen and providing assistance to Resident #2 who was calling "Confidential" by name from the bedroom. When "Confidential" came . . . from providing the assistance it was asked a second time to "Confidential" that she did state that was a visitor? "Confidential" confirmed by stating "yes." It was further asked "do the Administrator leave you here often alone with no one here?" It was stated no, and that I'm not here often, I stop by to visit a resident here once every few weeks. When asked, do you always clean and help the residents when you are here to visit? It was stated "sometimes."

At 10:08 AM the Administrator arrived at the facility. During an interview with the Administrator at 10:18 AM on when asked why did you leave your residents alone with a visitor and there's no staff here? it was stated that he had to go pick up tires for his truck.

Review of the BGS website on . . . . . revealed that "Confidential" did not have a background screening, or a file at the facility.

During an interview with the Administrator at 4:32 PM the findings were discussed and acknowledged. No further information was provided for review.

B. 12:52 PM . . . , The Surveyor at the onsite revisit reviewed Employee Records. The surveyor reviewed the Administrator's record Date of Hire . The Level II background screening revealed the last eligible date of . . . which is now expired. The Surveyor reviewed the record for Staff B Date of Hire . The Level II background screening is incomplete. The records show it was submitted

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at 11:42 AM and returned on . . . 12:35 PM

C. During the revisit survey conducted on , review of the background screening in the Agency for Health Care Background Clearinghouse system for the staff listed on the facility's staffing schedule for the Month of , revealed no information for Staff C and Staff D. Staff C works at the facility from 6am to 6pm on weekends assisting the residents with care, and Staff D comes in and assist the Administrator when needed and have access to the residents room inside the facility.

During an interview with the Administrator at 4:00 PM on , it was stated that Staff C has a background screening completed when she was in Georgia for the state of Georgia and I didn't know she had to get one here too. It was further stated that Staff D helps me out sometimes, and when I am away out of the country she buys all the groceries for the residents. During this time, the findings were discussed and acknowledged with the Administrator, no further information was provided for review during this time.

Unclassified
Uncorrected