STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966874	R 03/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNNY DAYS ALF, INC II	**4645 SW VAHALLA ST** **PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

An unannounced revisit to the abbreviated Relicensure survey and Limited Mental Health monitoring survey was conducted on at Sunny Days ALF, Inc. II, License #10988. The facility had uncorrected and new deficiencies found at the time of the survey.

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

Based on observation and staff interview, the Provider exceeded it licensed capacity to accept a resident for temporary respite care placement (Resident #7).

The findings included:

On at 8:30 AM, this surveyor observed Resident #7 being brought to the facility by the Resident's daughter. The daughter stated her mother would receive respite care at the facility from until . A second staff member (Staff D) was observed in the facility assisting with meals and housekeeping duties.

On , the facility had 6 residents and 1 full-time day care client. By accepting Resident #7 for respite care, the facility was operating over its licensed capacity.

On at 12:00 PM, the Provider acknowledged Resident #7 was being provided with respite care until , and the Provider had brought in Staff D to assist full-time staff for 4 hours in the morning because of the additional resident(s). Review of the Staffing Schedule only showed Staff D on the schedule for - .
The Provider was informed that state regulation specifies that a facility may not exceed its licensed capacity in order to accept temporary emergency residents for placement. The Provider acknowledged understanding of the regulation restriction.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on employee record review and staff interview, the Provider failed to ensure 1 of 3 care staff received the required trainings related to Incident Reporting within 30 days of hire (Staff D).

The findings included:

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Staff D, a resident care aide, was initially hired on . . . . . and had a break in her employment at the facility from late until . Staff D provides direct care assistance to the residents, including meal preparation. During employee record review, there was no documentation found showing completion of the required training related to the reporting of adverse incidents within 30 days of hire, or any time thereafter prior to this survey date.

On . . . . . at 11:45 AM, the Administrator was informed of the missing documentation for Staff D. No further documentation was provided showing completion of the required in-service training.

Class III
Uncorrected

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on facility record review and staff interview, the Provider failed to maintain the employment status of all employees within the Agency for Health Care's Background Screening Clearinghouse (Staff C).

The findings included:

a) On . . . . . , a review of the personnel record for Staff C showed Staff C had been employed at the facility since . On . . . . at 1:00 PM, the Administrator confirmed Staff C was currently employed at the facility.
On . . . . . at approximately 1:15 PM, Staff C confirmed she currently worked for the facility. During review of the Provider's employee roster located on the Agency's Background Screening Clearinghouse website, no employment information was found for Staff C on the facility's roster.On . . . . at 1:30 PM, the Provider acknowledged Staff C was not on the facility's employee roster within the Clearinghouse.

b) Upon revisit on . . . . . , a review of the facility's staffing schedule for showed Staff C was still actively employed at the facility. A review of the Provider's employee roster located on the Agency's Background Screening Clearinghouse website found no employment information for Staff C on the facility's roster.
On . . . . at 11:50 AM, the Provider confirmed Staff C was still currently employed with the facility.

Unclassified
Uncorrected

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

Based on facility record review and staff interview, the Provider failed to ensure 1 of 3 employees whose responsibilities required her to provide personal care and/or services directly to residents and have access to the residents' personal property and living areas, was shown to be eligible for employment after completion of a Level 2 Background Screening (Staff C).

The findings included:

a) Staff C is a Resident Care Aide still employed by the facility to provide personal care to its residents, and who has access to all of the residents' personal property and living areas, thereby requiring a Level 2 Background Screening (BGS).

While reviewing Staff C's employment record on , it is noted that Staff C's date of hire was .

No copy of an eligible Level 2 BGS printout was found within the employee's file at the time of record review.

A review of Staff C's Level 2 BGS result, located on the Agency's Background Screening website, showed Staff C had received a Level 2 screening on and was completed on with the result being "not eligible" for employment.

On at approximately 1:15 PM, the Administrator stated that Employee C was charged with an offense many years ago for which she was not responsible, and Staff C had been in the process of trying to get it cleared from her record.

On at approximately 1:15 PM, Staff C stated, via telephone interview, she had submitted documentation to get an exemption, but had not received any response as of this date. She stated it had been quite some time since she had submitted the information.

b) During the revisit on , a review of Staff C's Level 2 BGS result, located on the Agency's Background Screening website, still showed Staff C with the result being "not eligible" for employment. A review of the facility's staffing schedule for showed Staff C was still actively employed at the facility. Staff C had worked, alone, on , , and 14-16; she was also on the schedule to work -23 and 28-30.

On at 11:50 AM, the Provider confirmed Staff C was still currently employed with the facility. She stated she has assisted Staff C with submitting the required documentation for exemption to the

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BGS unit immediately after the relicensure survey on , and she had been in contact with the BGS unit weekly for updates on their progress. At the time of the revisit, the Provier confirmed no exeption had yet been granted.

Unclassified
Uncorrected

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

Based on employee record review and staff interview, the Provider failed to ensure 2 of 3 employees whose responsibilities required them to provide personal care and/or services directly to residents and to have access to the residents' personal property and living areas, was shown to have a break in employment greater than 90 days, thereby requiring a new background screening to be initiated (Staff A and Staff B).

The findings included:

A) Staff A is a Resident Care Aide was employed by the facility on to provide personal care to its residents, and who has access to all of the residents' personal property and living areas, thereby requiring a Level 2 Background Screening (BGS).
Per review of the Agency's Background Screening website, the most current BGS was completed for Staff A on .
A review of Staff A's employment application showed a greater than 90 day break in employment between the date of her last Level 2 BGS and the date of hire at this facility.
Interview conducted with Staff A on at 1:15 PM confirmed there was a greater than 90 day break in employment from to .

B) Staff B is a Resident Care Aide was employed by the facility on to provide personal care to its residents, and who has access to all of the residents' personal property and living areas, thereby requiring a Level 2 Background Screening (BGS).
Per review of the Agency's Background Screening website, the most current BGS was completed for Staff B on .
A review of Staff A's employment application showed a greater than 90 day break in employment between , to , the date of hire at this facility.

On at 1:25 PM, the Administrator acknowledged there had been no new BGS initiated for Staff A or Staff B due to a break in employment greater than 90 days for these employees.

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C) On . . . . . , during revisit, a review of the BGS website showed no new BGS had been requested for either Staff A or Staff B since the Relicensure survey on .

The Provider stated on at approximately 11:40 AM that she had went into the BGS website and requested a resubmission for Staff A, and she thought it had went through. She stated she had not requested a new BGS for Staff B because she hadn't realized Staff B needed another screening. On . . . . . at approximately 11:50 AM, the Provider signed onto the BGS website and initiated and purchased new screenings for Staff A and B while in the presence of this surveyor to ensure the process was completed correctly. The results of the rescreenings were not available at the time of the survey.

Unclassified
Uncorrected

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on record review, interview and observations, it was determined that the facility failed to ensure that the licensed capacity of 6 residents was not exceed, for 1 out 1 sampled residents (Resident #7).

The findings:

On . . . . . at 8:30 AM, this surveyor observed Resident #7 being brought to the facility by the Resident's daughter. The daughter stated her mother would receive respite care at the facility from . . . . . until . . . . . . A second staff member (Staff D) was observed in the facility assisting with meals and housekeeping duties.

On , the facility had 6 residents and 1 full-time day care client. By accepting Resident #7 for respite care, the facility was operating over its licensed capacity.

On . . . . . at 12:00 PM, the Provider acknowledged Resident #7 was being provided with respite care until . . . . , and the Provider had brought in Staff D to assist full-time staff for 4 hours in the morning because of the additional resident(s). Review of the Staffing Schedule only showed Staff D on the schedule for . . . - . .

Review of the facility license revealed the license was issued on with an expiration date of . . . . . for a capacity of 6 residents. Further record review failed to indicate any documentation

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regarding a capacity increase approval above the licensed capacity of 6 residents.

The Provider was informed that state regulation specifies that a facility may not exceed its licensed capacity in order to accept temporary emergency residents for placement. The Provider acknowledged understanding of the regulation restriction.

Unclassified