STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	**04/01/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 SW 20TH STREET** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on at Sunny Residence, LLC, License #10332. The facility had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on observation, record review and interview, the facility failed to conduct and document at least two elopement drills per year.

The findings included:

Observations of Residents #2 and Resident #7 on between the times of 9:00 AM and 5:00 PM revealed that both residents are residents and that they both around the facility throughout the day. Upon request to review the documented elopement drills on for 2017 through 2019 revealed that the last drill was conducted in , of 2016.

During an interview with the Administrator on at 4:00 PM, it was discussed that drills should be conducted bi-annually based on regulatory requirements. The findings were further discussed and acknowledged, no further documentation was provided for review.

Class

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review, and interview, the facility failed to ensure that all staff received the Assistance with Self-Administration of Medication training from a registered nurse or licensed pharmacist.

The findings include:

Review of the facility's staffing schedule revealed that Staff A works as a Live-in Staff Monday through Wednesdays and on weekends and provide the medications to residents on weekends when Staff A is scheduled to work alone.
Observations of the Assistance with Self-Administration of Medication certificate for Staff A revealed that the educator that signed the certificate was not a licensed registered nurse or pharmacist.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the Agency for Health Care Administration Background Screening Clearinghouse revealed that the educator does not have an "eligible" background screening, , or no active healthcare license. Review of the State Agency's license verification system revealed no documentation on the educator.

During an interview with the Administrator at 3:30 PM on , the findings were discussed and acknowledged, no further information was provided for review.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to keep a substitution log noted and on file in the facility for up to 6 months.

The findings included:

Record Review of the facility's dietary forms on revealed no menu substitutions on file.

During an interview with the Administrator on at 12:30 PM regarding the facility's substitutions it was stated that the substitutions are put on a sticker and posted on the fridge, and then thrown away after. No log is kept on file. During this time, the findings were discussed and acknowledged, no further documentation was provided for review.

Class

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

Based on observation, 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:

Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency

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SUMMARY STATEMENT OF DEFICIENCIES
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Management Division, no current documentation was provided.

During an interview with the Administrator at 4:08 PM on it was discussed that the CEMP approval letter from the Local Emergency Management Division was never provided, and therefore the facility does not have a CEMP approval. The findings were acknowledged, no further documentation was provided for review.

Class III