STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969065	**03/18/2019**
NAME OF PROVIDER OR SUPPLIER **SHARON'S SENIOR SERVICES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2270 NW 64TH ST** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2019000940) was conducted on . . . , . . . Sharon's Senior Services, Inc. had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to provide the resident a 45 days' notice of relocation or termination of residency from the facility for one out five sampled residents (#1):

Findings included:

Review of resident bill of rights of the facility stated that the resident should be given at least 45 days-notice of relocation or termination unless medical reasons.

Review of the admission/discharge log revealed that Resident #1 was admitted on and discharged on .

On at 10:04 AM the Administrator stated, "Resident #1 was here for 3 days. He was . By the end of the second day I was already looking for placement for him because he was expressing that he wanted to go to a place where he could speak his language. On Saturday morning since the nurse had not come on Friday night and he was eating sweets and we noticed that he was shaking we knew his sugar would be high so we call 911 because we cannot check . They came and the sugar was above 250 so they took him to the hospital. The hospital sent him on Sunday, they insisted on sending him . When he came he said that he was not feeling well. I did not accept him on Sunday because there were no arrangements for home health. I was worried about his . They took him to the hospital and stayed there for about 2 weeks. If they had sent him another day and not the weekend you would not be here. I did not give the 45 days. I was concerned about the ."

Class III

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

Based on record review and interview the facility failed to provide a pre-service orientation of at least 2 hours to new assisted living facility employee who have not previously completed core training (Staff D). The facility failed to ensure that one out of six sampled staff (D) received in-service training within 30

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969065	**03/18/2019**
NAME OF PROVIDER OR SUPPLIER **SHARON'S SENIOR SERVICES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2270 NW 64TH ST** **MIAMI, FL 33147**	

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

days of employment.

Findings included:

Review of the personnel records revealed Staff D was hired on . The facility did not have a copy of the certificates to proof that she receive in-service training within 30 days of employment that covers the following subjects: a 3 hours in-service training in Resident behavior and needs and Providing assistance with the activities of daily living reporting major incidents, a 1 hour in-service training that covers resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , a 1 hour in-service training that covers Reporting adverse incidents and Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and resident elopement response policies and procedures.

On at 11:32 AM the Administrator stated , "I am waiting for availability from the consultant to do the training."

Class III

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

Based on observation, record review and interview the facility failed to provide evidence that staff responsible for the facility's food service and the day-to-day supervision of food service obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for one out of four sampled staff (D).

Findings included:

Review of the personnel record revealed Staff D was hired on . Record review revealed there was a nutrition and food service certificate dated that did not have the registered dietitian's seal proving the training was completed.

On at 11:34 AM the Administrator stated, "I will tell the dietitian to send me the original certificate."

Class III

0090 - Training - - 58A-5.0191(11) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969065	**03/18/2019**
NAME OF PROVIDER OR SUPPLIER **SHARON'S SENIOR SERVICES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2270 NW 64TH ST** **MIAMI, FL 33147**	

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

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding . . . . . (. .) within 30 days of employment for one out of six sampled employees (Staff D).

Findings include:

Review of the personnel records revealed that Staff D was hired on . It did not contain documentation of having taken at least one hour of training regarding policies and procedures regarding ( ).

On at 11:32 AM the Administrator stated , "I am waiting for availability from the consultant to do the training."

Class III