STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969207	**04/11/2019**
NAME OF PROVIDER OR SUPPLIER **BARBARA'S SUNNY DAY II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3927 BUTTERCUP CIRCLE S** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Barbara's Sunny Day II ALF (Lic#13026). The facility had deficiencies identified at the time of the survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure all resident medication orders were in the resident file and that the order times were being followed as prescribed, for 1 of 2 sampled residents (Resident #6).

The Findings Included:

On at 11:34AM, a medication pass was observed with Staff A. Staff A assisted Resident#1 with self-administration of medication and checked the medication to the Medication Observation Record (MOR). Staff A took the medication (Niliofurantoin MCR 100mg-Microbid- for prevention of , 1 capsule by daily) to the resident and read the medication label to the resident and gave the resident the medication. At this time, the surveyor reviewed the MOR and the MOR documented the medication to be given at 5:00PM. At this time, Staff A was interviewed as to why she gave the 5:00PM medication at 11:34AM. Staff A stated the doctor changed the time the medication was to be given. Further review of Resident#6's chart revealed no physician order on file for the Niliofurantoin MCR 100mg. At this time, the medication order or time to be given could be verified.

During an interview with the Adminstrator on at approximately 2:30PM, she stated the medication order was sent directly to the pharmacy and the facility does not have a copy. At this time the Administrator had a copy of the prescription emailed to her phone. She acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to ensure that newly hired staff received the required 2 hour Pre-service training prior to interacting with residents, for 1 of 3 sampled staff (Staff C).

The Findings Included:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at approximately 1:55PM, a record review was attempted for Staff C. The Administrator stated Staff C was a new employee and she had not received all of the required trainings. Further review revealed Staff C had no signed documentation confirming receipt of the required 2 hr pre-service orientation.

During an interview with the Administrator on at approximately 2:30PM, she acknowledged the findings and provided no additional documentation for review.

Class

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that there was a minimum of one employee in the facility at all times that has a valid 1st Aid certification card for 1 of 3 sampled staff (Staff A, B, C).

The Findings Included:

On at 1:30PM, the facility employee files were reviewed for Staff A, Staff B and Staff C. Review revealed Staff A, B or C has a valid 1st Aid certification. The staffing schedule was reviewed and revealed Staff A and B work 12AM -12AM Monday through Friday and every other weekend. Further review revealed Staff C was not on the schedule, but it was confirmed that she works weekends along with Staff A or B. At this time, the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator at at approximately 2:40PM, she acknowledged the findings and provided no additional documentation for review.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to maintain the required amount of fuel on site to maintain the facility emergency power source in the event of a power outage.

The Findings Included:

On at approximately 11:00AM, the facility EECP (Emergency Environment Control Plan)

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SUMMARY STATEMENT OF DEFICIENCIES
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checklist was reviewed. At this, time the facility alternate power source and fuel was observed. The facility had several empty fuel containers on sight. At this time, there is no fuel stored on site in accordance with the facilities approved Environmental Emergency Control Plan. At this time, the Administrator stated she was told by the local Fire Inspector that it would be "unsafe" to store fuel on site, no county or local ordinances provided.

During an interview with the Administrator on at approximately 2:40PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure all staff signed and dated the Affidavit of Compliance for the Agency for Healthcare Administration (AHCA) Background screening requirements for 1 of 3 sampled staff (Staff C).

The Findings Included:

On at approximately 1:30PM, an employee record review was completed for Staff C whose hire date was . A review of Staff C's AHCA backgrounds screening was completed on . At this time, the Administrator stated she did not have an Affidavid of Compliance for Staff C as she is a new staff member.

Durign an interview with the Administrator at approximately 2:30PM. she acknowledged the findings an provided no additional documentation for review.

Unclassified