STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST MIAMI LAKES, FL 33014**	

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

0000 - Initial Comments

A Biennial Survey was conducted at Sunshine Eldercare of Miami Lakes Inc on , , .
Deficiencies were identified at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that only licensed staff administered medications to 2 out of 6 sampled residents (Resident #2 and #3). Residents #2 and #3 medications were administered by a staff member that was not licensed.

Findings Included:

On at 6:40 AM observed on the kitchen counter six unmarked clear small cups with pre-poured medications. The cups were not labeled with the residents' names. Observed an unlocked cabinet with medications stored.

On at 6:55 AM, observed Staff B take the medications to Resident #2 while the resident sat at the dining table. Staff B told Resident #2 to open her . Staff B poured the medications into Resident #2's and gave water to drink afterwards.

On at 7:29 AM, observed Staff B take the medications to Resident #3 while the resident sat at the dining table. Staff B told Resident #3 to open her . Staff B poured the medications in the resident and gave water to drink afterwards.

On at 7:35 AM, Staff B stated she administered the medications to Residents #2 and #3 because the residents sometimes take awhile to take the medications on their own, so she help them out.

Personnel record review found Staff B was not a licensed staff member.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure that staff updated the Medication Observation Record (MORs) immediately each time the medication is offered or administered for six out of six sampled residents (Residents #1, #2, # #4, #5 and #6).

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	AL11968502	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST MIAMI LAKES, FL 33014**	

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

Findings Included:

On at 6: 40 AM, review of the MORS showed Staff B had already initialed the Medications for Residents #1, #2, #3, #4, #, 5 and # 6, despite the medications not being given.

On at 7:35 AM, Staff B stated she knew to sign the MORS when the medication was offered or administered but she decided to sign the MORS early to save time.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure medications were stored in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times. Medications were placed on the kitchen counter and accessible to all residents

Findings Included:

On at 6:40 AM observed on the kitchen counter six unmarked clear small cups with pre-poured medications. The cups were not labeled with the residents' names. Observed an unlocked cabinet with medications stored.

On at 7:05 AM Staff B stated she had worked at facility a while and knew all the residents. Staff B stated she was able to identify who the medications belonged to.

On at 7:10 AM, the Administrator stated Staff B had been working at the facility for a long time and she knew which resident to received what medications. The Administrator stated she was aware it was not the correct way to provide assistance with self-administration of medications

On at 7:10 AM, Staff B stated she left the medication cabinet unlocked because she was not finish with giving the residents the medications.

Class III

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

Based on observation, record review, and interview, the facility failed to follow the menu.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	**04/08/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST** **MIAMI LAKES, FL 33014**	

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

Findings Included:

On . . . at 8:31 AM, observed the breakfast meal toast and coffee to some of the residents. Hot or cereal was not offered or provided to four out six Residents (Resident #1,#2,#3 and #5).

On review of the menu showed hot or cereal listed and no substitutions were written on the menu.

On . . . the Administrator stated the staff should had provided the hot or . . . cereal.

Class III