STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910413	**05/13/2019**
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8820 SW 148 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A re-licensure and a complaint survey (2019004492) were conducted at Sun Bay Manor II on and concluded on . The provider had the following deficiency identified at the time of the visit:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have accurate health assessment for two out of six residents (Resident #2 and #4)

Findings as follow:

On at 12:40 PM Resident #2 was observed eating puree.

Record review showed Resident #2's health assessment dated stated resident diet was full liquids.

Record review showed Resident #4's health assessment dated stated resident had an . Hospice plan of care dated showed Resident #4's was completed healed.

On at 12:45 PM the Assistant Administrator and Staff C stated resident ate puree. They also stated that Resident #4 had no .

On Hospice RN stated Resident #4's had intact skin.

Class III