Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964518 | A. BUILDING: _____ B. WING _____ | 06/13/2019 |

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| SUNSHINE MEADOWS | 1809 18TH STREET SARASOTA, FL 34234 |

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| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse<br><br>435.12(2) Care Provider Background Screening Clearinghouse.-<br>(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br><br>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.<br><br>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to ensure initial employment was recorded on the facility roster within 10 days of employment as required for 2 (Staff A and B) of 3 staff sampled. Employees not on the roster could enable ineligible persons to continue to have | CZ814 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| CZ814 | Continued From page 1<br>access to residents.<br><br>The findings included:<br><br>Staff A was hired as a medication technician on . Staff A was not added to the employee roster until . . . .<br><br>Staff B was hired as a medication technician on . Staff B was not added to the employee roster until . . . .<br><br>On . . . . at 2:43 p.m., the Administrator said she was aware of the regulation but while trying to train people the roster got behind.<br><br>Unclassified | CZ814 | | |
| A 000 | Initial Comments<br><br>An unannounced survey for complaint #2019006049 and #2019007420 was conducted through at Sunshine Meadows, an assisted living facility in Sarasota, Florida.<br><br>Complaint #2019006049 was substantiated at tag A0055 and Z814.<br><br>Complaint #2019007420 and #2019006049 were substantiated at tag A0152.<br><br>The following is a description of the deficiencies. | A 000 | | |
| A 055 | 58A-5.0185(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage | A 055 | | |

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| A 055 | Continued From page 2<br>residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by | A 055 | | |

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| A 055 | Continued From page 3<br>being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. | A 055 | | |

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| A 055 | Continued From page 4<br><br>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to have documentation of appropriate destruction of medications for 1 (Resident #16) of 1 discharged sampled resident.<br><br>The findings included:<br><br>Review of the clinical record for Resident #17 revealed documentation the resident expired on . The Director of Nursing documented, "Per guardian staff to discard of all resident's personal items & meds [and medications]. DOR [Director of Resident Services] notified ED [Executive Director] of guardian's request. Staff discarded of personal items. DOR discarded of all meds in drugbuster."<br><br>There was no documentation at the time of the survey the drug destruction was witnessed by another staff member.<br><br>On at 1:15 p.m., the DOR said when a resident is discharged or passes away, a nurse destroys the medication but the destruction is not witnessed by anyone. She said she wasn't aware of the regulation.<br><br>Class III | A 055 | | |
| A 152 | 58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS. | A 152 | | |

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| A 152 | Continued From page 5<br><br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident;<br>2. A closet or wardrobe space for hanging clothes;<br>3. A dresser, or other furniture designed for storage of clothing or personal effects;<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, and staff interview, the | A 152 | | |

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| A 152 | Continued From page 6<br><br>facility failed to provide housekeeping and maintenance services to maintain a clean and comfortable environment throughout the facility.<br><br>The findings included:<br><br>On [illegible] at 8:45 a.m., observation of the secured unit of the facility revealed the following:<br><br>1. The flooring in the multipurpose room had several missing laminate tiles.<br><br>2. The bathroom of [illegible] # [illegible] had several loose laminate tiles.<br><br>3. The shower in [illegible] # [illegible] had a large accumulation of black substance between the floor and the wall. A live crawling insect was observed in the shower.<br><br>4. An uncovered [illegible] measuring container was observed lodged between the hall and the rails in the shower in [illegible] # [illegible]. Resident Assistant Staff A said Resident #8 used the container to measure her [illegible]. She agreed the container was not stored in a sanitary manner.<br><br>5. An electrical outlet in the multipurpose room was rusty with unidentifiable brown dried substance on the cover plate and on the wall below the outlet.<br><br>6. The multipurpose room had a hole in the wall with exposed wires. The Maintenance Director said they were telephone wires.<br><br>7. The futon bed in [illegible] # [illegible] A was covered with a stained, soiled blanket. Resident Assistant Staff A said she could not remember the last time the blanket was washed. She said the blanket | A 152 | | |

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| A 152 | Continued From page 7<br><br>belonged to Resident #11 who didn't like staff to touch her personal belongings.<br><br>8. The outside patio had a large amount of leaves on the floor against the fence. The patio area was littered with used disposable cups, lids and paper. The wall next to the entrance door had large black stains.<br>9. On at 10:42 a.m., the walls in the bathroom of # were noted to be missing plaster with scratched, scraped paint and emitting a musty odor.<br><br>10. On at 10:29 a.m., the dining room walls were noted to have scraped, marred paint on the walls.<br><br>11. On at 10:26 a.m., 2 screws were noted sticking out of the walls at level in # creating a safety hazard. The shower walls were also noted to be discolored with holes from where something had once been attached to the walls. The bathroom walls were also missing plaster with scratched, scraped paint.<br><br>12. On at 9:46 a.m., the nurse's station wall was noted to have dirty walls with what appeared to be dried on the wall.<br><br>13. On at 9:43 a.m., the walls in the bathroom of # were noted to have dirty, marred walls with the molding pulling away from the base of the wall.<br><br>14. On at 9:41 a.m., the shower in # was noted to be dirty with a live bug crawling along the base. The tile on the bathroom floor was also noted to be stained and peeling.<br><br>15. On at 9:38 a.m., the hallways | A 152 | | |

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| A 152 | Continued From page 8<br><br>throughout the building were noted to be missing molding with scraped chipped paint.<br><br>16. On at 9 a.m., the closet in # was noted to have scrapes with underlying surface exposed. The bedroom and bathroom floor was dirty with ground in dirt.<br><br>Class III<br><br>*photos on file* | A 152 | | |

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| A 000 | Initial Comments<br><br>An unannounced survey for complaint #2019006049 and #2019007420 was conducted through at Sunshine Meadows, an assisted living facility in Sarasota, Florida.<br><br>Complaint #2019006049 was substantiated at tag A0055 and Z814.<br><br>Complaint #2019007420 and #2019006049 were substantiated at tag A0152.<br><br>The following is a description of the deficiencies. | A 000 | | |
| A 055 | 58A-5.0185(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; | A 055 | | |

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| A 055 | Continued From page 1<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued | A 055 | | |

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| A 055 | Continued From page 2<br><br>medication." Such medication may be reused if prescribed by the resident's health care provider.<br>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).<br>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.<br>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and staff interview, the facility failed to have documentation of appropriate destruction of medications for 1 (Resident #16) of 1 discharged sampled resident.<br><br>The findings included:<br><br>Review of the clinical record for Resident #17 revealed documentation the resident expired on . . . . . The Director of Nursing documented, "Per guardian staff to discard of all resident's personal items & meds [and medications]. DOR [Director of Resident Services] notified ED [Executive Director] of guardian's request. Staff discarded of personal items. DOR discarded of all | A 055 | | |

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| A 055 | Continued From page 3<br>meds in drugbuster."<br><br>There was no documentation at the time of the survey the drug destruction was witnessed by another staff member.<br><br>On [redacted] at 1:15 p.m., the DOR said when a resident is discharged or passes away, a nurse destroys the medication but the destruction is not witnessed by anyone. She said she wasn't aware of the regulation.<br><br>Class III | A 055 | | |
| A 152 | 58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident;<br>2. A closet or wardrobe space for hanging clothes;<br>3. A dresser, [redacted] or other furniture designed for | A 152 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11964518 | A. BUILDING: _____ B. WING _____ | 06/13/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNSHINE MEADOWS | 1809 18TH STREET SARASOTA, FL 34234 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| A 152 | Continued From page 4<br><br>storage of clothing or personal effects;<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, and staff interview, the facility failed to provide housekeeping and maintenance services to maintain a clean and comfortable environment throughout the facility.<br><br>The findings included:<br><br>On at 8:45 a.m., observation of the secured unit of the facility revealed the following:<br><br>1. The flooring in the multipurpose room had several missing laminate tiles.<br><br>2. The bathroom of # had several loose laminate tiles.<br><br>3. The shower in . . # . had a large accumulation of black substance between the floor and the wall. A live crawling insect was observed in the shower.<br><br>4. An uncovered measuring container was | A 152 | | |

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|---|---|---|---|---|
| A 152 | Continued From page 5<br><br>observed lodged between the hall and the rails in the shower in # . Resident Assistant Staff A said Resident #8 used the container to measure her . She agreed the container was not stored in a sanitary manner.<br><br>5. An electrical outlet in the multipurpose room was rusty with unidentifiable brown dried substance on the cover plate and on the wall below the outlet.<br><br>6. The multipurpose room had a hole in the wall with exposed wires. The Maintenance Director said they were telephone wires.<br><br>7. The futon bed in # A was covered with a stained, soiled blanket. Resident Assistant Staff A said she could not remember the last time the blanket was washed. She said the blanket belonged to Resident #11 who didn't like staff to touch her personal belongings.<br><br>8. The outside patio had a large amount of leaves on the floor against the fence. The patio area was littered with used disposable cups, lids and paper. The wall next to the entrance door had large black stains.<br>9. On at 10:42 a.m., the walls in the bathroom of # were noted to be missing plaster with scratched, scraped paint and emitting a musty odor.<br><br>10. On at 10:29 a.m., the dining room walls were noted to have scraped, marred paint on the walls.<br><br>11. On at 10:26 a.m., 2 screws were noted sticking out of the walls at level in # creating a safety hazard. The shower walls were also noted to be discolored with holes from | A 152 | | |

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|---|---|---|---|---|
| A 152 | Continued From page 6<br><br>where something had once been attached to the walls. The bathroom walls were also missing plaster with scratched, scraped paint.<br><br>12. On at 9:46 a.m., the nurse's station wall was noted to have dirty walls with what appeared to be dried on the wall.<br><br>13. On at 9:43 a.m., the walls in the bathroom of # were noted to have dirty, marred walls with the molding pulling away from the base of the wall.<br><br>14. On at 9:41 a.m., the shower in # was noted to be dirty with a live bug crawling along the base. The tile on the bathroom floor was also noted to be stained and peeling.<br><br>15. On at 9:38 a.m., the hallways throughout the building were noted to be missing molding with scraped chipped paint.<br><br>16. On at 9 a.m., the closet in # was noted to have scrapes with underlying surface exposed. The bedroom and bathroom floor was dirty with ground in dirt.<br><br>Class III<br><br>*photos on file* | A 152 | | |