STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965505	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast Residential Care	813 Sw 9th Street Hallandale Beach, FL 33009	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Licensure survey for Limited Nursing Services monitoring was conducted on Sun Coast Residential Care, had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure it maintained evidence of annual documentation that staff members were free of signs & symptoms of for 3 of the 3 sampled staff files reviewed (Staff #A, #B, & #C).

The findings include:

Review of the personnel files for the 3 employees at the facility (the Administrator and 2 aides) revealed there was no evidence of an annual statement that each was free of signs & symptoms of Staff #A, the Administrator's last statement of being free of signs & symptoms of was dated Staff #B's was dated and Staff C's was dated .

Interview with Staff #A and Staff B revealed they are aware their status is outdated, needs to be done each year and that they need to get it done.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to ensure that staff members held a current card at all times when they are the only staff in the facility with residents present, for 2 of 3 staff personnel files reviewed (Staff B & C).

The findings included:

a) Review of the personnel file for Staff B revealed the card had expired on . During an interview with Staff B , she revealed that she was aware her card had expired and said it would need to be renewed. Further interview with Staff B revealed she is at the facility 24 hours /6 days a week and is usually the only employee during the evening & night shifts.

b) Review of the personnel file for Staff C revealed the card had expired on . The facility was unable to provide any further documentation regarding training for this staff member.

During an interview with the Administrator on at 11:30 AM, it was revealed the card of Staff B

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needed to be renewed and that Staff C's [redacted] had expired. Further interview revealed Staff B and C work alone on various days for the facility.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to ensure unlicensed staff who assist with self-administration of medications had a minimum of 2 hour annual update training on providing assistance with self-administrated medications and safe medication practices, for 3 of 3 staff personnel files reviewed (Staff A, B & C).

The findings include:

Review of the personnel files for Staff A, B & C revealed the staff members did not have evidence of a current & annual training of at least 2 hours on an update in the training on providing assistance with self-administrated medications and safe medication practices.
The following evidence was in the files:
a) Staff A's last update was last done on [redacted]
b) Staff B's last update was done on [redacted]
c) Staff C's last update was done on [redacted]

During an interview with the Administrator at 12 PM on [redacted], it was revealed he is aware that trainings need be completed annually for staff who assist with self-administered medications. He agreed they were not up to date but would get them done.

During an interview with Staff B at 12:30 PM on [redacted], revealed she provides the medications to residents on the days she is at the facility. She confirmed she works 24 hours for 6 days a week.

The Administrator said he or Staff C would provide the medications to residents when they are working.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sun Coast Residential Care
813 SW 9th Street
Hallandale Beach, FL 33009

Dear Administrator:

This letter reports the findings of a state licensure and Limited Nursing Service Monitoring survey that was conducted on , 2013 by representatives from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 561-381-5840.

Sincerely,

L. Hodges - Phone Interview

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924