STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	**05/31/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 SW 20TH STREET** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

An unannounced relicensure survey with Limited Nursing Services was conducted on and at Sunny Residence, Inc. (License # 10332). The facility had a deficiency at the time of the visit.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure 2 of 3 direct care staff members (Staff A and Staff B) were certified in First Aid.

This is evidenced by:

Review of the facility staff schedule documents that Staff A and Staff B were both scheduled to work alone on the overnight shift several times in the month of . Review of employee records on found that direct care staff, Staff A and Staff B, did not have documentation of first aid training on file.

During an interview on 9:00 AM with the Administrator, she confirmed that Staff A and Staff B worked the shifts provided on the schedule and is alone with the residents in the facility overnight. The Administrator also confirmed that there is no documentation indicating that Staff A or Staff B have current first aid training certification. She stated she will send them to get the training.

Class III