| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965934** | **01/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE ELDERLY RESIDENCES, CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**870 NE 5 STREET HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Sunshine Elderly Residences, Corp with Limited Mental Health Component (License #10235) had deficiencies identified at the time of the survey:

**0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC**

Based on observation, record review, and interview the facility failed to offer and provide social, recreational or educational, and other activities to the residents. The facility also failed to have an accurate activity calendar posted that reflected at least 6 days a week for a total of not less than 12 hours of activities per week.

Findings included:

A review of the facility's activity calendar revealed the hours were not documented reflecting the duration of the activities on a daily basis.

On from 09:00 AM until 2:30 PM observed residents sitting in the living area and staff did not offer or conduct any activities with the residents.

During an interview on at 01:23 PM Resident # 2 stated, "we don't do anything."

During an interview on at 12:35 PM, Staff B stated, "today I asked them and tried to encourage them, but they were not interested." Then, Staff B added "the weather is not appropriate for a walk." Staff B acknowledged that there were no times listed on the Activity Calendar.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings Included:

Arrived to the facility on at 9:00 AM, observed Staff C alone in the facility caring for a census of three residents.

Review of the staffing pattern schedule revealed Staff A and Staff B were on call 24/7. The record did

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not have any staff listed to work on the schedule from to .

On at 10:09 AM Staff B arrived in the facility.

On at 12:35 PM Staff B stated, "I don't know why I didn't write the staff names from to . . . . . I didn't see that."

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on observation, record review, and interview the facility failed to ensure that three out of four sampled employees (Staff A, C, and D) received the required 3 hours of ADL and Behavioral Needs Training and one out of four (Staff D) received Elopement Response Training.

Findings included:

Review of the staff records revealed Staff A, C, and D had only 2 hours of ADL and Behavioral Needs Training in file dated , , and respectively instead of the 3 hours of training. Staff D hired on . . . . did not have Elopement Response training on file.

On . . . . at 01:40 PM Staff B acknowledged that Staff A, C, and D did not have a minimum of 3 hours of ADL and Behavioral Needs Training and Staff D did not have Elopement Response training on file.

Class III

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

Based on observation and interview the facility failed to have a 3 day supply of nonperishable foods hand at all times for a census of four residents.

Findings included:

Observation made on at 9:30 AM during tour of the emergency food closet was found with a low supply of emergency food. The shelfs contained the One of the bin contained nineteen cans of evaporated milk which were all expired . The second bin contained two boxes of expired cereal, three can of expired vegetables, a can of expired protein from . . , of 2017 to . . . . . 2017. The facility did not have a three day supply of emergency vegetables, and proteins for the four residents

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residing in the facility.

Interview on at 9:30 AM with Staff B verified during tour the facility did not have enough emergency food and the food were expired.

Class III

**L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC**

Based on record review and interview the facility failed to have residents identified on the admission and discharge log who are receiving limited mental health (LMH) services and and failed to have an Annual Community Support Plan, Agreement and Mental Health Assessment for one of four (#2) samples residents.

Findings included:

Interview on at 11:00 AM the Administrator stated, "There is one LMH, Resident #2 and she does not have the updated mental health paperwork.

Review of the admission and discharge log did had no residents identified as an LMH resident. Record review on of Resident #2's file found she received ( ) and Supplemental Security Income (SSI) and was diagnosed with Chronic . Resident #2's file did not have an Community Support Plan completed annually. The last plan was completed on and expired on .

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview the facility failed to ensure the staff who are in direct contact with limited mental health (LMH) residents receive the 6 hours minimum training one out of four (D) sampled staff.

Finding included:

Record review revealed Staff D (hired ) did not have documentation of having completed the minimum 6 hours LMH training.

Interview on at 1:40 PM the Administrator acknowledged Staff D did not have the LMH training.

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Class III