

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965505	(X3) DATE SURVEY COMPLETED R 11/05/2018
NAME OF PROVIDER OR SUPPLIER SUN COAST RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 813 SW 9TH STREET HALLANDALE BEACH, FL 33009	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on _____ at Sun Coast Residential Care, License #9856. The facility had uncorrected deficiencies identified at the time of the survey.

(An unannounced licensure complaint revisit survey, CCR #2018011787, was conducted in conjunction with the above survey. Please see separate report for findings).

0008 - Admissions - Health Assessment - 429.26() FS; 58A-5.0181(2) FAC

Based on record review, observations, and interview, the facility failed to ensure the Resident Health Assessment form (AHCA 1823 form) was completed within 30 days of admission into the facility and ensure that the form addresses all of the residents current care needs for 2 of 4 sampled residents residing at the facility (Residents #2 and Resident #3).

The findings included:

a) Review of the file on _____ for Resident #2 revealed no AHCA 1823 form, physician orders or progress notes observed in the residents file. Review of the residents demographic sheet revealed that the resident was admitted into the facility on _____. During an interview with Resident #2 at 12:00 PM, it was revealed that the resident is visually _____ and need assistance with all activities of daily living (ADL's). Review of the file revealed no documentation that reflects Resident #2's current condition or anything that reflects his current care needs.

Review of the file and the AHCA 1823 form for Resident #3 dated for _____ revealed that Resident #3, admitted to the facility on _____ is independent with all ADL's and has a medical history and diagnosis of Unspecific _____ loss, tobacco use, _____, and a unspecific hypertrophic condition of the skin. Interview with Resident #3 on _____ revealed that the resident is visually _____ and needs assistance with all ADL's except eating.

b) During the onsite revisit conducted on _____ the AHCA form 1823 were requested for Resident # 2 and Resident # 3 from Staff A. She stated that she had no idea where the forms would be located. Staff A stated that she did not know anything about the records. Staff A was able to locate records for Resident # 2 and Resident # 3. Surveyor reviewed the record for Resident # 2 and no AHCA form 1823 was located in the file. Surveyor reviewed the record for Resident # 3 and the AHCA form 1823 is still uncorrected. Upon arrival to the facility Staff A called the Administrator to let him know that the surveyor was there to conduct an onsite revisit survey. The Administrator stated that he was unavailable and he

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was at the airport on his way about to leave town. Class III Uncorrected 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and observation, the facility failed to sign the Medication Observation Record (MOR), immediately after assisting with self-administration of medication, for 2 of 3 sampled residents (Resident #2 and Resident #3). The findings Included: a) Random review of the MORs for the month of _____ at 10:00 AM on _____ revealed that the MORs had not been signed off on any of the residents (Resident #2 & #3) for the months of _____ or _____. During an interview with the Administrator at 10:00 AM on _____, it was stated that it is his fault and that he hasn't been marking them off but they have been getting their medicine. b) During the revisit survey conducted on _____ 12:15 PM, the surveyor reviewed the MOR for Resident # 2 and Resident #3. The MOR was not Signed for Resident # 2 for _____ and _____. The MOR was not signed for Resident # 3 for _____. Surveyor also reviewed the MOR for Resident # 1 and the MOR was not signed for _____. Staff B stated that the medications were given, but she did not sign the MORs because she had to clean the facility. Staff B stated that she was going to sign the MORs after she finished cleaning the facility. Class III Uncorrected 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency. The findings included:		

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a) Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on no current documentation was provided. During an interview with the Administrator at 11:00 AM on 11/1/18, it was stated that this is the last one I have, and that I recently just got the environmental control plan in 11/1/18. Review of the last CEMP approval letter was dated for 11/1/18 in which it was approved up until 11/1/18 of 2018 from the local emergency management division. b) During the revisit survey conducted on 11/5/18 at 10:17 AM, the surveyor at the onsite revisit reviewed the last Comprehensive Emergency Management Plan (CEMP) approval letter dated 11/1/18. The Plan was valid through 11/1/18. The CEMP is expired. The facility had no further documentation indicating the CEMP was approved. Class III Uncorrected Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on observation, record review and interview, the facility failed to ensure that all persons that has access to the residents' personal property and living areas had a background screening (BGS) completed. The findings included: The Surveyor arrived at the facility at 9:45 AM on 11/5/18 and was greeted by someone the name of "Confidential" at the facility's front gate. The gate was locked, and "Confidential" asked who was the Surveyor and that the Administrator was not here at the facility and that she would call him. The Surveyor showed the state ID badge in which "Confidential" then went inside the facility to go get the phone and gate code leaving the Surveyor standing outside of the gate unable to get into the facility. Upon entrance to the facility at 9:55 AM it was asked to "Confidential" what is her last name and her title at the facility. "Confidential" stated that she does not work at the facility and that she is just a visitor that comes every few weeks. When asked is there any staff here working, it was stated "yes The Administrator." The Surveyor stated that the Administrator is not here, is anyone else here that is working? it was stated no, and that the Administrator will be here soon. While waiting for the Administrator to arrive at 9:57 AM "Confidential" was observed sweeping the floor		

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in the kitchen and providing assistance to Resident #2 who was calling "Confidential" by name from the bedroom. When "Confidential" came from providing the assistance it was asked a second time to "Confidential" that she did state that was a visitor? "Confidential" confirmed by stating "yes." It was further asked "do the Administrator leave you here often alone with no one here?" It was stated no, and that I'm not here often, I stop by to visit a resident here once every few weeks. When asked, do you always clean and help the residents when you are here to visit? It was stated "sometimes." At 10:08 AM the Administrator arrived at the facility. During an interview with the Administrator at 10:18 AM on when asked why did you leave your residents alone with a visitor and there's no staff here? it was stated that he had to go pick up tires for his truck. Review of the BGS website on revealed that "Confidential" did not have a background screening, or a file at the facility. During an interview with the Administrator at 4:32 PM the findings were discussed and acknowledged. No further information was provided for review. 12:52 PM The Surveyor at the onsite revisit reviewed Employee Records. The surveyor reviewed the Administrator's record Date of Hire . The Level II background screening revealed the last eligible date of which is now expired. The Surveyor reviewed the record for Staff B Date of Hire . The Level II background screening is incomplete. The records show it was submitted at 11:42 AM and returned on 12:35 PM Unclassified Uncorrected		