

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965707</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNFLOWERS VILLAGE II</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13295 SW 99 TERRACE<br/>MIAMI, FL 33186</b>                                  |                          |                               |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                               |
| A 000                                                            | Initial Comments<br><br>An Abbreviated Biennial Survey was conducted on _____ Sun Flowers Village II Assisted Living Facility with Limited Mental Health and Limited Nursing Services Components had deficiencies found at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000                                                                          |                                                                                                                          |                          |                               |
| A 030<br>SS=D                                                    | 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures<br><br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.<br>(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.<br>(d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)96- _____ or 1(800)962-2873 " shall be posted in full view in a | A 030                                                                          |                                                                                                                          |                          |                               |

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 7

Agency for Health Care Administration

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| A 030                                                            | <p>Continued From page 1</p> <p>common area accessible to all residents.</p> <p>(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility's policies with respect to such issues, for example, as resident responsibilities, the facility's and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.</p> <p>(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.</p> <p>(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.</p> <p>(h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident's physician, who shall review the order biannually, and the consent of the resident or the resident's representative. Any device, including half-bed rails, which the resident chooses to use</p> | A 030                                                                                   |                                                                                                                          |                               |

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| A 030                                                            | <p>Continued From page 2</p> <p>and can remove or avoid without assistance shall not be considered a physical</p> <p>429.28 Resident bill of rights.-</p> <p>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:</p> <p>(a) Live in a safe and decent living environment, free from _____ and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.</p> <p>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.</p> <p>(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.</p> <p>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as</p> | A 030                                                                          |                                                                                                                          |                          |                               |

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| A 030                                                            | Continued From page 3<br><br>provided in s. 429.27.<br>(g) Share a _____ his or her spouse if both<br>are residents of the facility.<br>(h) Reasonable opportunity for regular exercise<br>several times a week and to be outdoors at<br>regular and frequent intervals except when<br>prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including<br>the right to independent personal decisions. No<br>religious beliefs or practices, nor any attendance<br>at religious services, shall be imposed upon any<br>resident.<br>(j) Access to adequate and appropriate health<br>care consistent with established and recognized<br>standards within the community.<br>(k) At least 45 days' notice of relocation or<br>termination of residency from the facility unless,<br>for medical reasons, the resident is certified by a<br>physician to require an emergency relocation to a<br>facility providing a more skilled level of care or the<br>resident engages in a pattern of conduct that is<br>harmful or offensive to other residents. In the<br>case of a resident who has been adjudicated<br>mentally _____, the guardian shall be<br>given at least 45 days' notice of a<br>nonemergency relocation or residency<br>termination. Reasons for relocation shall be set<br>forth in writing. In order for a facility to terminate<br>the residency of an individual without notice as<br>provided herein, the facility shall show good<br>cause in a court of competent jurisdiction.<br>(l) Present grievances and recommend changes<br>in policies, procedures, and services to the staff<br>of the facility, governing officials, or any other<br>person without _____, interference, coercion,<br>discrimination, or reprisal. Each facility shall<br>establish a grievance procedure to facilitate the<br>residents' exercise of this right. This right<br>includes access to ombudsman volunteers and<br>advocates and the right to be a member of, to be | A 030                                                                          |                                                                                                                          |  |                               |

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| A 030                                                            | <p>Continued From page 4</p> <p>active in, and to associate with advocacy or special interest groups.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to comply with residents rights to privacy and to live in a decent environment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on - at 8:00 a.m. revealed that staff #1 failed to knock prior entering - # where resident #3 was observed sleeping at the time. Resident #3 was observed lying in bed with her night gown in resident #1's bed. Staff #3 present at time of observation, stated that sometimes the staff had to place the resident in Resident #1's bed because after she took her morning shower was too tired to go to her - at the other side so she utilized resident #1's bed for few minutes and then went back to her. Staff did not replace the linens after resident #3 left the. Further observation at the same time revealed that blinds were missing and resident had no privacy.</li> <li>2. Observation on - at 8:05 a.m. revealed that blinds were in disrepair in - # (occupied by resident #3).</li> <li>3. Observation on - at 8:10 a.m. revealed peeling paint in living and in - #, #3.</li> <li>4. Observation on - at 8:15 a.m. revealed two light bulbs missing in by all residents.</li> </ol> | A 030                                                                          |                                                                                                                          |                          |                               |

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| A 030                                                            | Continued From page 5<br><br>Administrator acknowledged the findings during<br>interview conducted on _____ at 1:00 pm.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 030                                                                                   |                                                                                                                          |                               |
| A 090<br>SS=D                                                    | 58A-5.0191(11) FAC Training - Do Not<br>..... Orders<br><br>(11)<br>TRAINING.<br>(a) Currently employed facility administrators,<br>managers, direct care staff and staff involved in<br>resident admissions must receive at least one<br>hour of training in the facility ' s policies and<br>procedures regarding _____ within 60 days<br>after the effective date of this rule.<br>(b) Newly hired facility administrators, managers,<br>direct care staff and staff involved in resident<br>admissions must receive at least one hour of<br>training in the facility ' s policy and procedures<br>regarding _____ within 30 days after<br>employment.<br>(c) Training shall consist of the information<br>included in Rule 58A-5.0186, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview facility<br>failed to obtain _____ training for 1 out of 6<br>sampled staff (#3).<br><br>Findings include:<br><br>Record review for staff #3 found that she had<br>_____ training on _____<br>Interview conducted on _____ at 10:45 a.m.<br>revealed that staff did not know what a _____ is | A 090                                                                                   |                                                                                                                          |                               |

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| A 090                                                            | Continued From page 6<br><br>and what is the significance of a<br><br><br>Administrator acknowledged findings during<br>interview conducted on _____ at 1:00 p.m.<br><br>Class III | A 090                                                                                   |                                                                                                                          |                          |                               |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

\_\_\_\_\_, 2012

Administrator  
Sunflowers Village II  
13295 Sw 99 Terrace  
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on \_\_\_\_\_, 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 \_\_\_\_\_ 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

*for* Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure  
XG90

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



Miami Field Office  
8333 N.W. 53rd Street, Suite 300  
Miami, FL 33166  
Phone (305) 593-3100; Fax (305) 593-3121