STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965707	05/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunflowers Village Ii	13295 Sw 99 Terrace Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (2013005356) Investigation Survey was completed at Sunflowers Village II on . Deficiencies were identified at the time of survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the assisted living facility failed to notify 1 out of 5 (#3) sampled residents' family members after the resident received wounds from a dog and required care.

Findings include:

Record review found that the facility documented on that resident #3's "dog jump on her and open her skin on the right hand and left leg". Record review found that the facility did not have any documentation that they contacted resident #3's family member.
Interview with the administrator on at 1:15 p.m. revealed that resident #3's family members were not contacted to inform them that she received wounds from her dog on .
Interview with resident #3's daughter on at 10:27 a.m. confirmed that the facility did not call her or any other family member to let them know what happened to resident #3 on .

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and interview the assisted living facility failed to ensure that 1 out of 5 (#5) sampled resident's medications were centrally stored and only used by the resident.

Findings include:

Facility tour on at 11:07 a.m. found resident #5's Silver Cream container mixed with some other substance without a lid (container open to air) in resident # . Tour revealed that resident #5 was not living in # and his medications were in another resident's sealed.
Interview with the administrator during the tour revealed the the container had resident #5's name on it and he was not living in that . She stated it was Silver Cream mixed with over the counter Balmex and container was open to air.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965707	05/29/2013
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0160-Records - Facility 58A-5.024(1) FAC

Based on observations, record review, and interview the assisted living facility failed to have an up to date admission and discharge log.

Findings include:

Observations on at 11:03 a.m. found that the facility had five residents and two day care clients in the sitting area. Observations found that resident #2 was one of the residents in the sitting area.

Record review found that resident #2 was not listed on the facility's admission and discharge log. Record review found that resident #2's demographic sheet documented that she was admitted to the facility on .

Interview with the administrator on at 11:31 a.m. confirmed that resident #2 was not on the admission log.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the assisted living facility failed to ensure that 1 out of 5 (#1) sampled resident had weights recorded at admission. The facility failed to have weights recorded every six months for 1 out of 5 (#4) sampled residents who required assistance with activities of daily living (ADLs).

Findings include:

Record review found that resident #1 was admitted to the facility on . Record review revealed that resident #1's weight was not recorded on the facility's demographic sheet or it's weight log sheet for the resident.

Record review found that resident #4's health assessment documented that he needed assistance with bathing, dressing, and . Record review found that resident #4's last weight recorded was dated .

Interview with the administrator on at 1:10 p.m. revealed that resident #1's weight was recorded on his health assessment. The health assessment was reviewed and the date on the health assessment was prior to his admission. She confirmed that the facility did not have a weight record for resident #1 on . The administrator confirmed on 1:29 p.m. that the last weight recorded for resident #4 was dated .

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observations, record review, and interview the assisted living facility failed to a doctor's order prior to the limited nursing nurse (LNS) provided care to 2 out of 5 (#1 and #3) sampled residents.

Findings include:

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunflowers Village Ii	13295 Sw 99 Terrace Miami, FL 33186	

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

Facility tour on at 11:07 a .m. found resident #1 lying on his bed with his left foot wrapped in dressing in a soft cushion .

Interview with the administrator during the tour revealed that he received the dressing by the nurse because the skin on his foot was getting red due to him rubbing it.

Interview with the facility's LNS nurse on at 11:51 a.m. "yesterday we saw some friction on left foot (referring to resident #1). Skin is intact but some color, redness. I called the doctor but the office was closed, lunch. Called today it is closed. Maybe three or four days it will be clear. If the leg is elevated and soft cushion using the . I cleaned the skin with normal solution, dressing is 4 by 4 Kerlex and put the . I can not apply any medications but normal " solution I can". The nurse asked if she could write the notes regarding the i care since the facility did not have any documentation of the care. The administrator stated on at 11:59 a.m. that she spoke to the doctor 's assistance regarding the care order.

Record review found that the doctor's order for i care for resident #1 was faxed to the facility on at 12:23 p.m.

Received a fax from LNS nurse on regarding resident #3. Communication notes for resident #3 stated: " Patient with skin ( ) on right arm and left leg. Clean the i with NSS 0.9% cover with 4 x 4 sterile gauze, wrap with Kerlex gauze and secure with tape. ALF staff call MD office to let her know about the situation.
AM " Cleanse right arm and left leg with NSS 0.9%, cover with 4 x 4 sterile gauze wrap with Kerlex gauze and secure with tape. "

Record review found that one of the home health agencies that the LNS nurse works provided a doctor's order for i care for resident #3 dated .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013005356

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) of 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 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,

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