

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/13/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965707	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER Sunflowers Village II	STREET ADDRESS, CITY, STATE, ZIP CODE 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 follow up to a Complaint (2013005356) Investigation Survey was completed at Sunflowers Village II on 08/22/2013. No deficiencies were identified at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2013

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

CCR#2013005356 f/u

Dear Administrator:

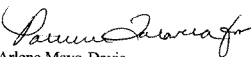
This letter reports the findings of a state complaint revisit survey conducted on August 22, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

DT9D

