STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967529	12/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunset Gardens Iii	**12732 Sw 93 Street Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Monitoring Visit was completed at Sunset Gardens III with Limited Nursing Services on . There were deficiencies identified at the time of survey.

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

Based on observations and interview the assisted living facility failed to ensure that over the counter and prescription medications were locked up in the facility's refrigerator.

Findings include:

Facility tour on at 11:10 a.m. found that the facility's refrigerator had unlocked over the counter and prescription medications in the refrigerator's shelf door and also a cup of was also on the shelf next to food.

Interview with the administrator on at 12:13 p.m. confirmed that the medications were not locked up in refrigerator in it. He stated that the was for a resident and it was being picked up by the lab. He acknowledge that the cup was in the refrigerator next to food.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observations and interview the assisted living facility failed to ensure that 1 out of 7 (#7) over the counter medications were label with the resident's name.

Finding include:

Facility tour on at 11:13 a.m. found unlabeled medications which were pain reliever, Voltaren cream and cream in # for resident #7 sitting on the dresser.

The medications were observed by the administrator during the tour and he confirmed that they were not labeled with resident #7's name.

Class III

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	AL11967529	12/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review the facility failed to appoint in writing a manager for the facility.

The findings include:

Facility records review revealed the administrator supervised three assisted living facilities and did not have a manager appointed.

Interview conducted with the facility administrator on at 1:00 p.m. stated that he is the facility administrator of three assisted living facilities but currently does not have a manager.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observations, record review, and interview the assisted living facility had a census of seven residents and exceeded it licensed capacity of six residents.

Findings include:

Facility tour on at 11:13 a.m. found that the facility had seven residents. #1 and #2 both had two female residents; #3 and #4 had one residents; and the private one resident that was recently discharged from the hospital lying in bed. Observations found that the facility had medications for seven residents in the medication closet.

Record review found that resident #7's medication observation record was initialed by the facility's staff members from to present.

Interview with resident #7 on at 11:36 a.m. revealed that she has been living at the facility for a short time, a month.

Interview with the administrator during the tour revealed that resident #7 just got to the facility and she was daycare. The administrator confirmed that resident #7 was in resident # lying on the bed. He stated on at 12:15 p.m. that he normally has six residents but today he doesn't know what happened.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunset Gardens III
12732 Sw 93 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a state Monitoring 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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