STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965897	07/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Hills Of Homestead	25268 Sw 134th Avenue Princeton, FL 33032	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on & . Sunny Hills of Homestead Assisted Living Facility had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility failed to allow the residents to choose their pharmacy for 1 out 4 sampled residents. (Resident #8)

The findings include:

Resident record for Resident #8 admitted to the facility on documented that his son signed the "Service Authorization Form " allowing to use an specific pharmacy for prescriptions and over-the-counter medications whether they are covered by his insurance or not. There was no documentation in the record to showed that the resident had appointed his son as his health care surrogate, guardian, or power of attorney to represent him and sign his paperwork.

Interview conducted with Resident #8 on at about 11:00 AM. He stated that his son informed him that he spends more than $600.00 this month on his medications. He asked the administrator and called his insurance in order to know what happened and he was informed that his son signed a designation of pharmacy under his behalf but his son does not have any authority to do it. His son is not his health care surrogate, guardian or has a power of attorney. He does not understand why the facility forced him to use a pharmacy that do not covered his medications. He needs to pay more than $600.00 for his medications this month and no one informed him that this would happen.

Interview was conducted with the Pharmacy representative on at about 11:30 AM. The representative explained that Resident #8 insurance did not pay for the following medications this month: 25 mg and 10 mg. His co-payments for this medications increase from $5.00 to more than $100.00 this month. We contacted his insurance and they explained to us that he used all the money allow for his medications under his Medicare part D for this year. He owes an amount of more than $600.00 for his medications for this month.

Interview was conducted with Resident's #8 insurance representatives on at 11:45 AM. The representative stated that Resident's #8 pharmacy is not listed under his insurance. The resident can choose another pharmacy listed and his medications will be covered.

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On at about 1:00 PM. the administrator stated that they allow the residents to choose their own pharmacy but they offer this pharmacy because they provide a very good services. Resident's #8 son signed the form to receive the services from this pharmacy. Resident #8 told me that his medications co-payment increase and he need to pay more than $600.00 this month. She confirmed that Resident's #8 son is not his health care surrogate, guardian, or power of attorney.
Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on interview the facility failed to provide food based on habits and preferences. The facility failed to serve meals that no more than 14 hours elapse between the end of an evening meal and morning meal.

The findings include:

Interview conducted with Residents #2, #3, and #7 revealed that the facility offer only grilled cheese sandwich for meal substitution. We receive breakfast at 8:00 AM lunch at 12:00 PM, and dinner at 5:00 PM. We do not receive snack before bedtime. If you are hungry and go to the dining to ask for any snack before bedtime no one will be there.

Interview conducted with the facility administrator on at about 1:00 PM revealed that we posted the menu in the facility hall daily. When the residents do not like the menu they could ask for a salad before lunch time. During the lunch they only could ask for a sandwich. We offer ham and cheese sandwich, turkey sandwich, tuna sandwich and grilled cheese sandwich. We provide snacks at 2:30 PM but a lot of residents do not like to eat snacks between meals.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunny Hills Of Homestead
25268 Sw 134th Avenue
Princeton, FL 33032

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on 2014 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Filed Office Manager

AMD:ve
Enclosure
XG90

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