STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966811	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunflower Senior Living, Inc	6931 Nw 81st Court Tamarac, FL 33321	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure survey was conducted on [redacted] at Sunflower Senior Living. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, the facility failed to ensure assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. As evidenced by unlicensed staff assisting with glucose monitoring and [redacted] treatments, for 2 of 2 sampled residents (Resident #2 and #3).

The findings include:

Observation on [redacted] at 9:30 AM, revealed two residents sitting in the living [redacted] TV both residents had [redacted] on the table beside them. During an interview with Resident #2, he stated the girls put the medicine in the [redacted] and he puts the mask on his face. Resident #3 stated "the girls help her do the treatment".

During an interview at 9:50 AM with both facility employees who identified themselves as home health aides (HHA). When asked about the [redacted] both employees stated they put the medication in the [redacted] for the residents and the residents put the mask on their face. Record review also confirmed both staff members were unlicensed.

Review of Resident #2's record revealed an admission date as [redacted] A review of the AHCA form 1823 dated [redacted] documented a diagnosis to include [redacted] and [redacted] Nursing services and [redacted] needs documented as the resident's need for medication administration due to a diagnosis of [redacted] and memory [redacted] The resident needs assistance with all activities of daily living except eating. A review of the resident's medication observation record noted the aides were taking the

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residents glucose levels daily.

An interview at 10:00 AM with Resident #2, he was asked when he checks his glucose levels. He stated the girls do it in the morning before he eats. An interview at 10:10 AM with the aides regarding Resident #2's glucose monitoring, they stated they do the [redacted] for the resident and document it daily because he is not able to use the machine.

Review of Resident #3's record revealed an admission date as [redacted]. A review of the AHCA form 1823 dated [redacted] had a diagnosis to include [redacted] and [redacted]. The type of assistance needed for medications was not completed. The form documented the resident requires assistance with all activities of daily living except eating.

During an interview at 1:10 PM with the Administrator/owner, she acknowledged the findings and confirmed neither of the residents were receiving home health services for their [redacted] or glucose monitoring.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunflower Senior Living, Inc
6931 NW 81st Court
Tamarac, FL 33321

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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