STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967444	10/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunflower Home Care, Inc	8752 Nw 116 Terrace Hialeah Gardens, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Sunflower Home Care, Inc had the following deficiencies at time of the survey:

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative ( ) examination documented on an annual basis for 1 out of 4(C) sampled staff.

The findings included:

Personnel record review on at (@) 10:45 am revealed that Staff C did not have evidence of an annual negative examination. The last statement on file for staff B was dated .

An interview with administrator on @ 1:00 pm confirmed that staff B did not have an annual negative examination at time of the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide documentation that 1 out of 4 (C) staff sampled have 4 hours of self-administration of medication assistance training.

The findings included:

Personnel record review on at (@) 10:00 am revealed that staff C did not have 4 hours hours of training to assist residents with self-administration of medications.

The administrator acknowledge on @ 12:30 pm that staff B did not have documentation of the 4 hour training to assist with self-administration of medication at time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967444	10/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunflower Home Care, Inc	**8752 Nw 116 Terrace Hialeah Gardens, FL 33018**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to provide proof that 1 out 4 (B) staff sampled received 3 hours of continuing education in Limited Mental Health (LMH) training every two years.

The findings included:

Personnel record review on at (@)10:00 am revealed that staff B last LMH training was dated / . The facility did not have documentation that staff B received 3 hours of continuing education in LMH training every two years.

Interview on @ 1:00 pm with administrator revealed that staff did not have the limited mental health training as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sunflower Home Care, Inc
8752 Nw 116 Terrace
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a Standard Biennial 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
Field Office Manager

AMD:ve
Enclosure
XG90

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