STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967529	12/08/2014
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures
St - A - 0167 - 58a-5.025 Fac - Resident Contracts

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Sunset Gardens III had the following deficiencies at time of the survey:

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

Based on observation, record review, and interview the facility failed to obtain a written physician's order for use of a half (1/2) bed rail for 1 out of 2 sampled residents (#1).

Findings included:

During the facility tour on at 9:10 AM was observed that Resident #1 had half bed rails attached to her bed.

Record review on for resident #1 did not document any written physician's order for the use of ½ bed rails.

During an Interview on at 10:07 a.m. administrator stated resident ' s #1 bed had ½ bed rail that belong to other resident.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have a resident contract executed at or prior to admission for 1 out of 2 samples (#1).

Findings included:

Record review on revealed that Resident #1 (admitted on / to the facility) did not have an executed contract with the resident.

During an interview on at 10:00 AM with the facility administrator stated I move her from daycare participant to resident. Furthermore he stated " I did not complete a resident contract with Resident #1."

Class III

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 Standard Biennial licensure 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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