STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966051	**05/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUNNY HOME CARE INC	**9099 NW 113 STREET HIALEAH GARDENS, FL 33018**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on ,2015. Sunny Home Care, Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies found at time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to ensure that the Administrator had proof a high school diploma or GED.

Findings included:

1. Record review revealed that the Administrator (hired on) did not have any proof of a high school diploma or GED.

2. Interviewed the Administrator on at 4:00 PM, he stated that he had one but could not find it at that time.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview facility failed to have documentation of the 12 hours of continuing education in topics related to Assisted Living Facilities for the Administrator.

Findings included:

1. Record review revealed that the Administrator did not have any documentation in the file showing 12 hours of continued education in the topics related to Assisted Living Facilities.

2. Interviewed Administrator on at 4:00 PM, he confirmed the finding that he did not have any documentation of 12 hours continued education completed.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have one out of six (#2) sampled residents's signed contract.

Findings included:

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0167 Continued From page 1

1. Record review revealed that Resident #2's contract was only signed by the Administrator and not by the Power of Attorney for the Resident. The area for the signature was blank but dated for . The Resident's monthly rate was $783.00 and had a waiver for the amount of $1,100.00.

2. Interviewed the Administrator on at 4:00 PM, he confirmed the findings in regards to Resident #2's son not signing the contract.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sunny Home Care Inc
9099 Nw 113 Street
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey that was conducted on , 2015 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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