STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	06/30/2015
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Sun Village Homes had deficiencies found at the time of the survey.

0083 Trainina - First Aid and

Based on record review and interview the facility's personnel records did not include evidence of First Aid training for three out of six sampled staff (B, C, & F).

The findings included:

Review of Staff B. (hire date / /), Staff C. (hire date), and Staff F. (hire date) files on revealed employee file did not contain current training documentation for First Aid.

On at 2:45 PM Staff A. stated " We only took copies of the cards, we will get copies of the the First Aid card."

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview the facility failed to ensure hired staff received an initial 4 hours of education training on providing assistance with self-administered medication and safe medication practices for five out of six sampled employees (A, B, C, D, & E)

The findings included:

Personnel record review on revealed there was no documentation of initial 4 hours of education training on providing assistance with self-administered medication and safe medication practices for Staff A (hire date), Staff B (hire date /), Staff C (hire date), Staff D (hire date), and Staff E (hire date) in the employee files.

On at 2:55 PM Staff A. stated " I will get the initial training and put them in the records".

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	06/30/2015
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

Based on observation and interview the facility failed to provide a clean and safe environment for the Residents living at the facility.

The findings included:

Observation during the tour of the facility on found that in section 3 in # a portable toilet in the their were two male residents and in section 4 # observed another potable toilet in the had two female residents, the not offer privacy for use.

In section 5 # observed on the entrance door the door knob was busted. The outside rear area of the facility observed had a freezer with what appeared to be rust on the top and at the bottom of the freezer body; there was also a black stove on the back patio area of the facility that was not working. On the patio area were the the residents smoked, the floor of the smoking area at the edges near the screens was green substances with on the cracks on the floor foundation.

In section 6 in the residents' a missing light bulb. The nurses' station in section 2 observed bed frames/head boards and mattresses leaning on the walls.

Interviewed the Administrator on at 3:00 pm, she confirmed the findings regarding the physical plant concerns.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to ensure staff records contained employment reference on the original employment application for one out of six sampled staff (Staff A.)

The findings included:

Personnel records review revealed Staff A. (hire date)'s file did not have references furnished on the employment application.

On / at 2:50 PM Staff A. Administrator stated, " I will fix it as soon as possible."

Class III

L241 LMH - Records

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	**06/30/2015**
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

Based on record review and interview the facility failed to have one out of nine (#2) sampled residents' annual living support plan.

The findings included:

Record review for Resident #2 found the last annul living support plan was dated / / . The new plan was found in the residents chart but it was not signed or dated by the physician.

Interviewed the Administrator on at 10:00 am in regards to the plan not being completed by the resident's physician and case manager, she confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Village
West 31 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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