| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910415 | 09/09/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**SUN VILLAGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1350/1360 WEST 31 STREET**<br>**HIALEAH, FL 33012** | |

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

**0000 Initial Comments**

A Complaint Survey (CCR#2015008755) was conducted on , 2015 and concluded on , 2015. Sun Village Homes Inc. with Limited Nursing Services and Limited Mental Health components had a deficiency identified at time of survey.

**0010 Admissions - Continued Residency**

Based on record review and interview the facility failed to discharge a resident that no longer met continued residency criteria for 1 out of 1 sampled residents (#1) who had a .

Findings included:

On at 12:05 pm spoke to the nurse from the home health agency on the phone and he stated: "He had a on the sacrum and he had wounds on the amputations. When he went to the hospital we were doing care with . When he came back it was already a and he came with care orders with . When he went again to the hospital the was the same. He was declining slowly and he refused to follow our instructions to rotate from the chair to the bed."

Review of care notes from home health agency revealed that on sacral measured 3.0x1.5x0.3 cm. Right upper knee and right lower knee were wounds. care as follows: clean sacral area daily with normal and apply ointment 2% for 14 days; cover with 4x4 and secure with tape. On sacral pressure measured 3.1x1.6x0.4 cm.

On / at 11:46 am facility administrator stated that the nurse from the home health agency that came to do care on / called rescue because Resident # 1 was weak and had a lot of expectoration. At that time the was getting better and he was sent to the hospital and did not come back.

Record review of the hospital records revealed that Resident #1 was admitted on / with a sacral that was unstageable. care note from the hospital for / stated that sacral was a and he had a debridement ordered. One of the admission diagnoses is Sacral .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sun Village
West 31 Street
Hialeah, FL 33012
**RE: CCR # 2015008755**

Dear Administrator:

This letter reports the findings of a complaint survey that was concluded 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com