STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965045	03/10/2016
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER'S VILLAGE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8035 SW 13 STREET** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Sunflower's Village ALF, Inc with Limited Mental Health (LMH) component had the following deficiencies found at the time of the survey:

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the facility failed to register staff with the clearinghouse and maintain the employment status of all employees within the clearinghouse.
Finding included:
Record review on showed that the facility did have Staff A (administrator) hire on /, Staff B (owner) hired on , Staff C (caregiver) hired on /, Staff D (caregiver) hired on /. The facility did not registered staff with the background screening database clearinghouse.
During an interview at 1:00 PM, the facility's owner acknowledged deficiencies found. She stated that I did not know that I need to register staff with the background screening database clearinghouse. Staff contacted consultant over the phone to register facility staff with the agency clearinghouse.
Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview, the facility failed to have one out four (C) sampled staff for whom the last screening was conducted before , 2011 rescreened by , 2015.

Findings included:

Record review on / showed Staff C's last level II background screening was dated /. Record review revealed the facility did not have any evidence of Staff C's updated background screening.

During an interview on / at 1:00 PM, the facility's Administrator acknowledged that Staff C needed a new background screening. She stated I will contact the consultant. She stated I know the background screening is every five years. She stated I will contact a person to do it for her today.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Sunflower's Village Alf Inc
8035 Sw 13 Street
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on ', 2016 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 . , 2016.** 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

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