RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Sunflower Home Care, Inc
8752 Nw 116 Terrace
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 16, 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
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Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967444	**11/16/2016**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8752 NW 116 TERRACE HIALEAH GARDENS, FL 33018**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on 11/15/2016. Sunflower Home Care Inc, with a Standard license (A11523), had the following deficiencies found at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to have a face-to-face interview when 1 out of 6 residents (Resident #2) had a significant change in health condition.

Findings:

Record review showed Resident's #2 Health Assessment (AHCA Form 1823) dated / stated that Resident #2 had no ,

Resident's #2 Hospice record review showed:

Plan of Care on / stated 'Resident #1 has a in the Sacrum measuring 1x0.7 x 0.2 cm another in the Left Hip measuring 1.5 x 1 x 0.2 cm and one in the Right Hip measuring 1x0.5x0.2 cm'.
On / at 10:15 a.m. a hospice nurse who came to take care of Resident #2 stated that the resident had an unstageable on the sacrum, and a on the right leg measuring: 0.8x0.5. and In left hip . All three healed.
On / at 12:30 p.m. the facility administrator acknowledged that the facility failed to contact Resident #2's physician for a face to face interview and an updated assessment when the resident developed ,

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a manager.

Findings:

Review of the facility finder website showed that the facility's Administrator manages 2 facilities.

A review of the facility's records showed that no one had been designated as Manager.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 11/15/2016 at 12:20 p.m. the Administrator acknowledged supervising 2 facilities without having a manager appointed.

Class III