STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965707	01/05/2017
NAME OF PROVIDER OR SUPPLIER **SUNFLOWERS VILLAGE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **13295 SW 99 TERRACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial was conducted on , 2017 and concluded on , 2017. Sunflowers Village II, license #10066, had the following deficiencies at the time of the survey.

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation, record review, and interview, the provider failed to encourage 1 out of 4 (#1) residents to be as independent as possible in performing activities of daily living.

Findings include:
Meal observation conducted on / from 11:46 AM - 11:48 AM revealed staff B had spoon fed resident #1.
A review of resident #1's last health assessment reveled the resident needs assistance with eating. The comment section, "assist the resident with cutting the food, hand guidance and opening package."
On / At 11:49 AM, the administrator acknowledged that staff B had spoon fed resident #1 and assisted the resident with eating by putting the food onto the spoon and assisting resident #1 with hand guidance.
On / at 11:56 AM, resident #1 was observed eating a banana and wiping her mouth with out assistance.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the provider failed to ensure that 3 out of 5 sampled staff (A, B, C) records included evidence of a negative examination.

Findings include:

A review of staff records A, B, and C revealed no documentation of evidence of a negative examination.

On / at 1:31 PM, the administrator acknowledged that staff records A, B, and C had no documentation of evidence of a negative examination.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview and record review, the provider failed to maintain a written work schedule that

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SUMMARY STATEMENT OF DEFICIENCIES
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reflects its 24-hour staffing pattern for a given time period.

Findings include:

On I/ at 6:57 AM, the administrator acknowledged she was the only staff at the facility.

A review of the posted written work scheduled revealed for Wednesday night dated / staff D is on schedule from 7 PM-7 AM and for Thursday morning dated I/ staff C is on schedule from 3 AM-8 AM.

On I/ at 7:01 AM, the administrator stated that Staff C had left because he had school. When asked for the days that Staff C goes to school, the administrator stated that she did not know the days that she thinks it is Mon-Thurs. The administrator stated that Staff D had just left. The administrator acknowledged that the posted written work schedule did not reflect its 24-hour staffing pattern for a given time period.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the provider failed to ensure that 3 out of 4 (#2, #3, #4) residents records included medication orders.

Findings include:

Record review of residents' #2, #3, and #4 file revealed no documentation of medication orders.

On I/ at 11:23 AM, the administrator stated that she did not have them.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Sunflowers Village Ii
13295 Sw 99 Terrace
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2017 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 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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