STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967546	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8733 WEST YULEE DRIVE** **HOMOSASSA, FL 34448**	

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

0000 - Initial Comments

On , 2017 through , 2017, a Biennial Survey with Extended Congregate Care (ECC) was conducted at Sunflower Springs Assisted Living Facility (facility license number 11566). During the survey deficient practice was identified.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide documentation that 2 of 3 care staff (Staff A and B) had 3 hours of Activities of Daily Living and Behavior Needs Training.

Findings:

On , a record review was conducted on care staff, Staff A, who was hired on . During the review it was observed she had only 1 hour of training in Activities of Daily Living and Behavior Needs on .

On , a record review was conducted on care staff, Staff B, who was hired on . During the review it was observed she had only 1 hour of training in Activities of Daily Living and Behavior Needs on .

On at approximately 1:00 PM, the Business Office Manager stated there was no other training documentation for Staff A and B in Activities of Daily Living and Behavior Needs.

On at approximately 1:12 PM, the facility nurse stated Staff A and B will need an additional 2 hours of training in Activities of Daily Living and Behavior Needs.

Class III