STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965534	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **IMPERIAL CLUB**	STREET ADDRESS, CITY, STATE, ZIP CODE **2751 NE 183 STREET** **AVENTURA, FL 33160**	

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

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on record review and interview the facility failed to provide the agency access to copies of all provider records requested during an inspection.

Finding:

on at 8:15 PM requested to Staff B the personnel records of all the staff.

On at 8:17 PM Staff B stated, "I do not have access to the nurses' licenses because they are in HR and there is no one there at this time."

Review of the staff records revealed that only some staff records were available for review in the nursing office and they were incomplete.

Unclassified.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	**08/30/2017**
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A complaint survey (CCR# 2017007641) was conducted at Sun Village Homes, Inc (license #6051) on and concluded on . There were deficiencies found at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to have necessary information on the Medication Observation Record for 4 of 32 sampled residents (Residents # 17, 22, 26 and 27).

Findings included:

A record review of the Medication Observation Records (MORs) for Residents #17, 22, 26 and 27, did not document each resident's known nor the name and phone number of each of their health care providers.

In an interview with the financial officer on at 5:10 PM, she stated that Resident #26 came to the facility during the month of and was at another facility prior to admission. She stated that the facility hadn't gotten the medication from the pharmacy, and that he brought the medications from the other facility. She stated that because the facility's pharmacy hadn't filled Resident #26's medication, the facility was using their own forms for Resident #26's MOR.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on interview and record review, the facility failed to maintain an accurate, up-to-date admission and discharge log listing the names of all residents for 3 of 32 sampled residents (Residents # 30, 31, and 32).

Findings included:

In an interview with the financial officer on at 4:10 PM, she stated that there were 29 residents living at the facility.

A review of the facility's Medication Observation Records (MORs), documented Residents #1- #29 in one MOR binder labeled "Medication". Residents #30-32 were documented in a second unlabeled MOR binder.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	**08/30/2017**
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

A review of the facility's admission and discharge log documented the admission dates for Residents #1-29. Resident #30 had a documented admission date to the facility on and a discharge date of . Resident #31 had a documented admission date to the facility on and a discharge date of . Resident #32 was not listed in the facility's admission and discharge log.

A review of Resident #31's file contained a completed health assessment and certificate of Medicaid necessity, both dated , with the facility's name documented on the forms.

A review of Resident #32's file contained a completed health assessment, dated , with the facility's name documented on the form.

A review of Residents #30, 31 and 32's Medication Observation Records (MOR) for the month of 2017, documented the facility's name on the top of the forms.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	**08/30/2017**
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on interview and record review, the facility put residents at risk by failing to meet its financial . Specifically, the facility had a history of overdrafts within the last 6 months and was operating beyond their licensed capacity of 29.

Findings included:

In an interview with the financial officer on at 4:10 PM, she stated that there were 29 residents living at the facility.

A review of the facility's Medication Observation Records (MORs), documented Residents #1- #29 in one MOR binder labeled "Medication". Residents #30-32 were documented in a second unlabeled MOR binder.

A review of the facility's bank statement for the period of through , documented the ending balance for the period as -$1566.00. The record documented that during this period, the facility had $385 in overdraft fees, resulting from charges on , , , and .

A review of the facility's bank statement for the period of through , documented that the facility had $245 in overdraft fees and a $70 fee for a returned item.

In an interview with the financial officer on at 7:30 PM, she stated that sometimes the account goes into overdraft because the checks for payment only come twice a month and because the mortgage is $10,000 monthly.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on interview and record review, the facility failed to operate within its licensed capacity of 29, by having 32 residents (Residents #1 - 32).

Findings included:

In an interview with the financial officer on at 4:10 PM, she stated that there were 29 residents living at the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	**08/30/2017**
NAME OF PROVIDER OR SUPPLIER **SUN VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1350/1360 WEST 31 STREET** **HIALEAH, FL 33012**	

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

In an interview with Resident #30 on at 4:25 PM, the resident stated that they had lived at the facility for a long time, stating "many years".

A review of the facility's Medication Observation Records (MORs), documented Residents #1- #29 in one MOR binder labeled "Medication". Residents #30-32 were documented in a second unlabeled MOR binder.

A review of the facility's admission and discharge log documented the admission dates for Residents #1-29. Resident #30 had a documented admission date to the facility on and a discharge date of . Resident #31 had a documented admission date to the facility on and a discharge date of . Resident #32 was not listed in the facility's admission and discharge log.

A review of Resident #31's file contained a completed health assessment and certificate of Medicaid necessity, both dated , with the facility's name documented on the forms.

A review of Resident #32's file contained a completed health assessment, dated , with the facility's name documented on the form.

A review of Residents #30, 31 and 32's Medication Observation Records (MOR) for the month of 2017, documented the facility's name on the top of the forms.

In an interview with the financial officer on at 6:00 PM, she stated that she was the daughter of Resident #30.

Unclassified