STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	R **03/01/2018**
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 Second Follow Up Visit to A Standard Biennial Survey was conducted on and concluded on . Sun Village Homes Inc. with Limited Mental Health and Limited Nursing Services components with license #6051 had deficiencies at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview, the facility fail to have licensed personnel to administer medications to two out of 23 sampled residents (Residents #13 and #14) in accordance with a health care provider's order.

Findings included:

Resident #13's and #14's health assessment both dated reviewed on stated that the Residents needed medication administration. A review of the medication observation record revealed that it was initialed by Staff G.

During an interview on at 9:43 AM Staff C stated "I or Staff G help Resident #13 with the medications. Resident can put the cup by herself in her mouth while we are holding her hand." Then, Staff C demonstrated how Resident #13 gets help with the medications by directing the resident's right hand and holding it to the Resident's mouth."

Record review revealed Staff I and G were unlicensed staff members.

On at 9:42 AM Staff A stated, "We help her eat too, when hospice is here, hospice feeds her."

At 10:43 AM Staff A stated, "We give some medications to Resident #14 and the other ones hospice do it."

Uncorrected Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have the emergency management plan reviewed annually.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	R **03/01/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

Record review revealed that the facility did not have a current emergency management plan submitted and/or approved annually. The last letter of approval was dated [redacted] and expired on [redacted].

During an interview on [redacted] at 02:07 PM Staff A stated "I have not sent the package yet, I am going to send it today."

Class III