STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966811	**10/09/2018**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER SENIOR LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6931 NW 81ST COURT** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure Survey was conducted on , 2018 at 9:00 AM at Sunflower Senior Living, Inc. (License # 10930). The facility had deficiencies at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interviews, and record review, it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program for a census of 5 residents.

The findings include:

A review of the facility's activity calendar, revealed the facility has activities posted to occur daily. However, interviews and observations, revealed the facility is not adhering to the schedule or consulting with the residents regarding activities to provide at the facility.

Observations at the facility on and from 9:00 AM - 3:30 PM, during the survey, revealed no activities conducted. During interview with Resident #2, conducted on beginning at approximately 10:19 AM, she stated that there are really not activities here. During interview with Resident #4, conducted on beginning at approximately 10:35 AM she stated there is not that much activities here. I would like more activities.

During an interview conducted on at 3:32 PM, with the Administrator, she stated that the majority of the residents do not like to participate. The Administrator acknowledged that there were no activities conducted on .

Class

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

Based on record review and interview , the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date or approved by the county entity responsible for approval as required.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview conducted with Administrator on . . . . . at 11:12 AM. Surveyor informed the Administrator that the approval letter is needed for the Comprehensive Emergency Management Plan (CEMP). The Administrator stated that she submitted the last CEMP request . . . . . 2017 with an expiration date of , 2018 to the county. The Administrator spoke with the county and was told they could not find her application and at the time they were taking care of the generator applications. The Administrator hired a consultant to follow-up on the CEMP. The consultant went to the county to follow-up on the status of the CEMP. The Administrator stated that she resubmitted another plan to the county around / , 2018 but had not received a response. Therefore, the faciltiy was unable to provide a current CEMP letter.

During interview with Administrator on . . . . . at 3:32 PM , she acknowledged the findings.

Class III