

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER SUNNY RESIDENCE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 9001 SW 20 STREET MIRAMAR, FL 33025		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments A Complaint Survey, CCR#2012010522, was conducted at Sunny Residence Inc. on _____ Deficient practice was identified at A0004.	A 000			
A 004 SS=D	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of	A 004			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0009

MV1H11

If continuation sheet 1 of 4

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A 004	Continued From page 1 compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C. (5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter. (6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C. (7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws. (8) THIRD PARTY SERVICES. (a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident ' s record.	A 004		

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A 004	Continued From page 2 (b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record. (c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the Assisted Living Facility (ALF) failed to obtain approval from the State regulatory agency for an increase in facility census as evidenced by the ALF was housing 8 residents in a facility licensed for 7 residents. The findings include: On _____ at 9:30 a.m. a tour of the ALF was conducted in the presence of the Administrator. A resident head count was done revealing there were 8 residents residing in the facility. Review of the facility license revealed a license for a capacity of 7 residents. On _____ at 10:00 a.m. an interview was conducted with the Administrator who stated resident #3 was admitted to the ALF on a temporary basis and the plan is for her to return to her own home.	A 004			

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A 004	Continued From page 3 Review of resident #3's record revealed an 1823 Health Assessment was completed on _____ and she was admitted to the ALF on _____ from a rehabilitation center. Further review revealed a signed admission contract dated _____ with the monthly charges in addition to all other admission papers signed by resident #3's representative. Review of the Medication Observation Record revealed resident #3's medications were being provided by the ALF. Observation of resident #3's living quarters revealed she had an assigned bed and personal belongings were observed in the _____ Further review of the medical record revealed resident #3 was sent to the hospital on _____ with a _____ and _____ and she was readmitted to the ALF from the hospital on _____. Additionally resident #3 was sent to the hospital on _____ with a diagnosis of small bowel obstruction and readmitted to the ALF on _____ On _____ at 11:00 a.m. an interview was conducted with the Administrator who stated she went to the rehabilitation center to assess resident #3 prior to being accepted for admission to the ALF. The Administrator reiterated resident #3 is only here on a temporary basis and the goal is to send her back to her own home however the Administrator was not able to provide any time reference. Additionally the Administrator admitted she was not aware the ALF census could not go over the licensed capacity without contacting the state agency for prior approval. Class III	A 004			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sunny Residence, Inc
9001 SW 20 Street
Miramar, FL 33025

Dear Administrator:

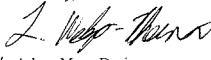
Re: CCR #2012010522

This letter reports the findings of a complaint survey that was conducted on .2012 by a representative from this office. Attached is the provider's copy of the State (3020) 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after .2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924