

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED 07/01/2014
NAME OF PROVIDER OR SUPPLIER Sunny Hills Of Sebring	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Commerce Center Dr Sebring, FL 33870	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / / S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was done in conjunction with a capacity increase on / / .

The Sunny Hills of Sebring, assisted living facility, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that all direct care staff had completed training for recognizing and reporting / / , neglect, and / / within 30 days of hire for 1 (Staff A) of 3 staff members sampled for employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was / / . There was no documentation in her records for any training on / / , neglect, and / / . Interview with the administrator on / / at approximately 5:15pm revealed that Staff A had taken the training on Friday, / / . A copy of the training certificate dated / / was provided.

Class III

0082-Training - / / : 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all staff had completed a / / { / / } course within 30 days of hire for 1 (Staff C) of 3 staff members sampled for employee review.

Findings include:

Review of Staff C's employee records revealed that her date of hire was / / . There was no documentation in her records of a completed / / course. Interview with the operations manager (administrator designee) on / / at approximately 5:15p.m. revealed that Staff C had completed the training on Friday, / / . A copy of the certificate dated / / was provided.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

1, 2014

Administrator
Sunny Hills of Sebring
3600 Commerce Center Dr
Sebring, FL 33870

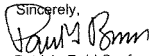
Dear Administrator:

This letter reports the findings of a capacity increase survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that were conducted on 1, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the capacity increase and the deficiencies that were identified relative to the CHOW with LNS. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOV Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Forms

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