Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967505	A. BUILDING: _____ B. WING _____	R 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME SWEET HOME ASSISTED LIVING FACILITY CO	5700 SW 46 TERRACE MIAMI, FL 33155

(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 re-visit to a re-certification survey was conducted at Home Sweet Home ALF on . A deficiency was found uncorrected and no new deficiencies were identified at the time of the survey.	{A 000}		
{A 033} SS=D	59A-36.007(8) PHYSICAL . (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, review and interview the facility failed to have documentation of a physical restrain plan of care for the use of bedrails for	{A 033}		

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{A 033}	Continued From page 1 one out of five sampled residents (Resident #3) Findings: Observation on at 9:00 am showed Resident #3 in bed with half bedrails. A review of Resident #3's health assessment of showed special precautions for . Further review of Resident #3's record showed a physician's order for half bedrails dated . Interviewed on at 10:55 am Staff B stated, "You don't know how many times I have called to ask for it!" Interviewed on at 11:05 am Staff B stated that she would call again to request Resident #3's physical restrain plan of care for half bed rails. Uncorrected Class III	{A 033}		