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
	AL11966724	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY SWEET HOME II	214 NW 120 AVENUE MIAMI, FL 33182

(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 Biennial Standard Survey was conducted on , 2012. My Sweet Home II had deficiencies found at the time of the visit.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from	A 052		

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A 052	Continued From page 1	A 052		

facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines

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A 052	Continued From page 2 or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) , , or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview SE#2 failed to follow the appropriate procedures for assisting with self-administer medication. Findings include: Observation of afternoon medication administration on , 2012 revealed SE#3 removed the medication from the bingo using her bare hands and proceeded to place the medication into the SR#2 mouth. Interview with administrator on , 2012 at 2:00 pm the administrator acknowledged SE #2 error and explained proper technique Class III	A 052		

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A 054	Continued From page 3	A 054		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain an up-to-date medication observation record (MOR) for 2 out of 3 (SR#2, SR#3) residents. Findings include:	A 054		

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A 054	Continued From page 4 Record review of SR#2 ' s MOR revealed physician orders for , Fum 50 MG tablets and for 6.25MG tablet to be taken twice a day. Further record review of SR#2 ' s MOR revealed that for the PM slot for the Fum medication for the dates of 1, 2012 and , 2012 were initialed by SE#3. A review of the , Fum 50 MG tablets for the PM bingo card revealed that the slots for 1, 2012 and , 2012 were empty and the slot for the , 2012 was filled. For the 7PM slot for 6.25MG tablet medication, , 2012 and , 2012 were empty. A review of the 6.25MG tablet PM bingo card revealed the slots for , 2012 and , 2012 were empty. Record review of SR#3 ' s MORs revealed the following: The care giver (SE#3) has initialed the 7AM slot for , 2012 , 2012 and , 2012 for medication; the care giver has pre-initialed the 7PM slot for , 2012 for the medication; the , 2012 slot in the MOR and in the bingo card for the PM medication is blank. Interview with administrator on , 2012 at 1:50 pm revealed the administrator acknowledged the error in SR#2 ' s MOR and told the surveyor that SE#3 initialed the wrong date (,2012) as opposed to initialing , 2012 for the medication , Fum; for the medication the administrator told the surveyor that SE#3 forgot to initial for the two dates. Concerning SR#3 ' s MOR the administrator acknowledged the errors and told the surveyor that for the medication , they did not receive that medication for the resident but SE#3 initialed it; for the medication the administrator acknowledged that	A 054		

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A 054	Continued From page 5 SE#3 pre-initialed the , 2012 slot and told the surveyor that they initial the book as a courtesy being that a home health agency administered the medication to SR#3 Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 6 other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless	A 055		

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A 055	Continued From page 7	A 055		

otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to ensure that centrally stored medications were kept in a locked cabinet, were kept separately, and refrigerated medications were properly secured. The facility also failed to ensure that medications for residents who no longer reside at the facility were disposed of for 4 out of 4 (SR#4, SR#5, SR#6, and SR#7) previous residents.

Findings include:

On , 2012 the surveyor conducted a tour of the facility ' s centrally stored medication location. The surveyor observed that the centrally stored medications were kept in two unlocked cabinets. Further observation of the centrally store medications revealed that the residents ' medications were not kept separately. An

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A 055	Continued From page 8 observation of the refrigerated medication revealed that the medications for SR#3 were kept in a plastic Tupperware container within the refrigerator. Further observation revealed that the Tupperware container did not have a lock, nor did not the refrigerator have a lock, nor was the refrigerator in an area that is located locked. Further observation of the centrally stored medication revealed one box of true read test strips, two boxes of lancets and one inhaler with the name of SR#4 labeled; a box of test strips with the name of SR#5 labeled; a bottle of with the name of SR#6 labeled; and tablets, tablets, and tablets with the name of SR#7 labeled. Interview with administrator on , 2012 at 9:50 am, the administrator acknowledged that the centrally stored medication cabinets were not locked and told the surveyor that she does have a lock for the cabinets. When told about the unsecured refrigerated medication, the administrator acknowledged that it was kept in a unlocked Tupperware container. Concerning the medications found belonging to SR#4, SR#5, SR#6, and SR#7 the administrator told the surveyor the following: SR#4 moved to another assisted living facility and SR#5, SR#6, SR#7 . Record review of the facility ' s admission and discharge log record revealed that SR#4 was discharged from the facility on , SR#5 was on , SR#6 on , and SR#7 on . Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 9 (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed	A 056		

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A 056	Continued From page 10	A 056		

copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care

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A 056	Continued From page 11 provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that over the counter (OTC) products were properly labeled. Findings include: Observation during tour on , 2012 revealed the following medication did not have the appropriate label Robitusin Syrup, tablets, Numotizine ointment, a bottle of Adrian , a jar of Balmax Diaper cream, , Suppositories, cream, and three tablets. Interview with administrator on , 2012 at 9:50 am revealed , the administrator acknowledged the products were not labeled and told the surveyor that the Balmax diaper cream is used when the residents have a . Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled	A 057		

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A 057	Continued From page 12 with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that over the counter (OTC) products were properly labeled. Findings include: Observation during tour on , 2012 revealed the following medication did not have the appropriate label Robitusin Syrup, tablets, Numotizine ointment, a bottle of Adrian , a jar of Balmax Diaper cream, Suppositories, cream, and three tablets. Interview with administrator on , 2012 at 9:50 am revealed , the administrator acknowledged the products were not labeled and	A 057		

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A 057	Continued From page 13 told the surveyor that the Balmax diaper cream is used when the residents have a ..... Class III	A 057		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.	A 078		

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	AL11966724	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY SWEET HOME II	214 NW 120 AVENUE MIAMI, FL 33182

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A 078	Continued From page 14 (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 out of 4 newly hired staff have documentation of being free from communicable along with receiving adequate training. Findings include: Record review conducted on , 2012 revealed SE#3 (caregiver, hire date) did not have documentation of being free from communicable . Further review revealed SE#1 (administrator, hired) did not have training in providing Assistance with Daily Living (ADLs) and Reporting Major/Adverse Incidents and SE#3 did not have training in Assisting with Self-Administration of Medication. Interview with administrator on , 2012 at 11:30 AM revealed the administrator confirmed she along with her employee did not have her most recent free from communicable statement along with adequate trainings.	A 078		

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A 078	Continued From page 15 Class III	A 078		
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in	A 084		

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A 084	Continued From page 16 accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, , , dosage forms, and , , , and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that 1 out of 4 (SE#3) sampled employee received training in assistance with self-administered medication and medication management prior to providing the	A 084		

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A 084	Continued From page 17 service. Findings include: Record review revealed SE#3 (caregiver, hire date) did not have training in Assistance with Self-Administration of Medication. Interview with administrator on , 2012 at 11:30 am, administrator confirmed SE#3 had been initialing the resident Medication Administration Record but was not adequately trained. Class III	A 084		
A 161 SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including . In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and	A 161		

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A 161	Continued From page 18 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that 3 out of 4 (SE#1, SE#2, SE#3) sampled employees received a health assessment and required training. Findings include: Record review revealed that SE#1 ' s date of hire is as the administrator/care taker, SE#2 ' s date of hire is as an on-call care taker and SE#3 date of hire is as a care taker. Record review revealed that SE#1 ' s last health assessment was . Further record review revealed no documentation showing that SE#1 had received training in providing assistance with the activities of daily	A 161		

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A 161	Continued From page 19 living and reporting major incidents. Record review of the facility ' s staffing pattern revealed that SE#1 shift is 7pm- 7am. SE#2 ' s last health assessment was . Record review of SE#3 ' s file revealed no documentation of a health assessment. Further record review of SE#3 ' s file revealed no documentation showing that SE#3 had received training in assistance with self-administered medication and medication management. On , 2012 at 11:30am, the surveyor conducted an interview with the administrator. The administrator confirmed her scheduled and stated that she lives at the residence. The administrator told the surveyor that she was told that she did not have to take the training in providing assistance with the activities of daily living nor the training in reporting major incidents because she took the CORE. The administrator told the surveyor that she and SE#2 will take their health assessment and that SE#2 did not have a health assessment but she will take it. When questioned about SE#3 training documentation in self-administered medication and medication management, the administrator told the surveyor that SE#3 will have to take it. Class III	A 161		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ...; 3. Race; 4. Date of birth; 5. Place of birth, if known;	A 162		

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A 162	Continued From page 20 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020. F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the	A 162		

Agency for Health Care Administration

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A 162	Continued From page 21 facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents	A 162		

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A 162	Continued From page 22 participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain accurate residents ' records for 2 out of 3 (SR#1 and SR#2) residents. Findings include: On , 2012 the surveyor conducted a tour of the facility. During the tour, the surveyor observed half bed rail on SR#1 ' s bed and a half bed rail	A 162		

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A 162	Continued From page 23 on the left side of SR#2 ' s bed and a full bed rail on the right side of SR#2 ' s bed. In the presence of the surveyor, an individual removed the half bed rail from SR#2 ' s bed. Record review of SR#1 revealed an admission date . Record review revealed a prescription for half bed rails dated but no documentation showing that SR#1 had consent to half bed rails. Further record review of SR#1 ' s file revealed that SR#1 ' s resident agreement form and notice of monthly rate increase form were not signed. Record review of SR#2 ' s file revealed an admission date . Further review revealed a prescription for half bed rails dated and no documentation of a signed consent form for a half bed rail in SR#2 ' s file. On , 2012 at 9:40pm the administrator told the surveyor that the individual who removed the half bed rail from SR#2 ' s bed is SR#2 ' s family member. On , 2012 at 1:34pm, the surveyor conducted an interview with the administrator. The administrator acknowledged that SR#1 ' s and SR#2 ' s files did not contain signed consent forms for half bedrails and acknowledged that SR#2 had a full-bed rail on her bed. The administrator reviewed SR#1 ' s resident agreement form and notice of monthly rate increase form and told the surveyor that she will contact SR#1 ' s legal representative to have her signed the forms. Class III	A 162		
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS.	AN277		

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AN277	Continued From page 24 (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a valid contract with a registered nurse to provide limited nursing services (LNS). Findings include: Record review of the facility records revealed that they have a specialty LNS license. Upon request	AN277		

Agency for Health Care Administration

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AN277	Continued From page 25 the surveyor was provided with SE#4 ' s file, who is the LNS nurse. A review of SE#4 ' s file revealed a contract that is dated . On , 2012 at 11:30am, the surveyor conducted an interview with the administrator. When questioned about the LNS contract, the administrator told the surveyor that she did not have a new contract with SE#4. Class III	AN277		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
My Sweet Home II
214 Nw 120 Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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