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
	AL11943057	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY SWEET HOME	11312 SW 203 TERRACE MIAMI, FL 33189

(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 Extended Congregated Care (ECC) Monitoring Survey was completed at My Sweet Home on , 2013. The following deficiencies were identified at time of survey.	A 000		
AE202 SS=D	58A-5.030(3) FAC ECC - Physical Site Requirements (3) PHYSICAL SITE REQUIREMENTS. Each extended congregate care facility shall provide a homelike physical environment which promotes resident privacy and independence including: (a) A private apartment, or a semi private apartment shared with of the resident ' s choice. The entry door to the apartment shall have a lock which is operable from the inside by the resident with no key needed. The resident shall be provided with a key to the entry door on request. The resident ' s service plan may allow for a non locking entry door if the resident ' s safety would otherwise be jeopardized. (b) A , with a toilet, sink, and bathtub or shower, which is shared by a maximum of four (4) residents for a maximum ratio of four (4) residents to one (1) . 1. A centrally located hydro-massage bathtub may substitute for a bathtub or shower and be considered equivalent to two , increasing the resident to from four (4) to one (1) to eight (8) to one (1). The substitution of a centrally located hydro-massage bathtub for a bathtub or shower that increases the resident to above four (4) to one (1) may occur only once in a facility. The one time substitution of a centrally located hydro-massage bathtub does not preclude the installation of multiple hydro-massage bathtubs in the facility. The limitation applies only to the	AE202		

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AE202	Continued From page 1 one-time reduction in the total number of in the facility. 2. The entry door to the have a lock that the resident can operate from the inside with no key needed. The resident ' s service plan may allow for a non-locking if the resident ' s safety would otherwise be jeopardized. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to have entry doors to the apartment and have a lock which is operable from the inside by the resident with no key needed. Findings include: Tour of #3 and #5 and designated as ECC not have a lock from inside of the . Interview with administrator on / at 11:40 a.m. acknowledge these doors contain no locks on the knobs on it after showing her the door. Class III	AE202		
AE203 SS=D	58A-5.030(4) FAC ECC - Staffing Requirements (4) STAFFING REQUIREMENTS. Each extended congregate care program shall: (a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended	AE203		

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AE203	Continued From page 2	AE203		

congregate care license.
1. The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning.
2. The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long term care, or acute care setting or agency serving elderly or persons. A baccalaureate degree may be substituted for one year of the required experience. A nursing home administrator licensed under Chapter 468, F.S., shall be considered qualified under this paragraph.
(b) Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments.
(c) Provide enough qualified staff to meet the needs of ECC residents in accordance with Rule 58A 5.019, F.A.C., and the amount and type of services established in each resident ' s service plan.
(d) Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs.
(e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents ' needs are not being met because of the lack of sufficient or adequately trained staff.
(f) Ensure and document that staff receive extended congregate care training as required

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AE203	Continued From page 3 under Rule 58A 5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to employ or contract a nurse(s) who shall be available to provide nursing services as needed to ECC residents. Findings include: Facility record review found that the facility's did not have documentation showing they have contracted a Extended Congrgate Care (ECC). An interview conducted with the administrator on at 3:00 p.m. confirmed the facility does not have an ECC contract with the nurse. Class: III	AE203		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
My Sweet Home
11312 Sw 203 Terrace
Miami, FL 33189

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring survey that was conducted on , 2013 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

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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