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
	AL11968065	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMOR BLESSED SWEET HOME, INC	220 NW 179 STREET MIAMI GARDENS, FL 33169

(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 Investigation Survey (CCR #2013000258) was conducted on [redacted]. Amor Blessed Sweet Home, Inc. had the following deficiencies at time of survey.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the facility failed to provide care and services to meet the needs of 3 out of 3 (resident #1, #2, #3) residents. The assisted living facility failed to provide appropriate supervision of 3 out of 3 (resident #1, #2, #3) residents and failed to provide awareness of the general health and safety of 1 out of 3 (resident #1) residents.

Findings Include:

Observations on - at approximately 11:17 AM found the facility locked without anyone inside.

In an interview with the wife of the administrator on - at approximately 11:30 AM, she stated her husband, the administrator, was the administrator on record because the assistant administrator could not pass the CORE training. She stated she believes the administrator will be removing himself as the administrator of this facility.

Record review of the assistant administrator, whose application was dated - , revealed he lacked any documentation of completing the CORE requirement, including the 26 educational hours and completion of the exam.

In an interview with the assistant administrator on at approximately 4:23 PM, he stated resident #1 ripped up his CORE training certificate. He stated he did not take the CORE training test. He stated he had never taken the test. He stated he will take the CORE test on . He stated the owner took the test but failed twice already. He stated she needs to take

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it again. He stated he needs to take the CORE update. He stated there is a lot of updates so he is going to take it. He stated he is going to retake the whole CORE training. He stated he has not signed up for the test yet. He stated he needs the class first.

In an interview with resident #1 on 0 - at approximately 5:23 PM, he stated he has been living at the facility for 6 months. He stated he just sleeps at the facility but goes to the people across the street. He stated he goes over there because he is not left alone at the facility. He stated that he refuses to go in the car with the assistant administrator and he stays across the street. He stated when the assistant administrator leaves, he cannot stay at the facility. He stated the assistant administrator lets him know he is leaving and he leaves. He stated this happens every day. He stated he just eats breakfast here and eats lunch at a restaurant on the corner. He stated only the assistant administrator works at the facility. He stated the assistant administrator is always at the facility when they are here because if the assistant administrator leaves, he goes across the street.

In an interview with resident #2 on - at approximately 5:41 PM, he stated he has been living at the facility for 6 months. He stated he is never left at the facility alone. He stated he goes with the assistant administrator every time. He stated he goes out with him every day. He stated sometimes he would rather stay at the facility. He stated that he gets lazy and does not want to leave but he just goes because it is no big deal. He stated if there was a worker at the facility he would rather stay. He stated the assistant administrator is always at the facility, and when he is not, he goes with him. He stated when they

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stay out late, he would eat out. He stated sometimes he gets tired of leaving with the assistant administrator. He stated he would like if the assistant administrator hired another employee so he can stay at the facility when he leaves. He stated he likes to go out but he would like to stay at the facility. He stated if the assistant administrator hired another employee he would sometimes go and sometimes stay at the facility. He stated the assistant administrator is the only employee at the facility.

In an interview with resident #3 on |- . at approximately 5:52 PM, he stated he has been living at the facility for 5 days. He stated he does not mind leaving when the assistant administrator leaves. He stated he will ask the assistant administrator to stay in the facility and watch tv when he gets tired of going with him. He stated it would be fine with him if the assistant administrator hired someone so he can stay in the facility when he wants. He stated right now he does not have a problem. He stated in a month from now he will ask to stay at the facility because he is responsible. He stated he won ' t open the door and will stay in his he doesn ' t know how the assistant administrator will respond to that. He stated that resident #1 and the assistant administrator argue but he does not like to get into people ' s problems. He stated he does not know the owner and has never seen here at the facility. He stated the assistant administrator sleeps at the facility every night.

Website review of floridahealthfinders.gov revealed the administrator currently supervises two assisted living facilities.

In a phone interview with the administrator on |- at approximately 9:08 AM, he stated he

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was the administrator over two facilities. He stated he is currently at this moment trying to canceling his services of administrator at Amor Blessed Sweet Home. He stated he sent the letter to the Agency this Friday. He stated he did this because the owner of this facility has a lot of problems. He stated that they have two owners and there are a lot of problems between them. He stated that he did not work there, he just helped them with their paperwork. He stated the owner is in transition. He stated that for a while she was the owner because they could not do the transition yet. He stated he was asked by the assistant administrator to help him because the assistant administrator did not have the administrator license. He stated the assistant administrator and the owner are the only employees. He stated that the assistant administrator is in charge. He stated at this moment he canceled his services. He stated that he was the administrator on paper but the assistant administrator was in charge. He stated when he had time he went to help out the assistant administrator.

Record review of a copy of a fax submitted to the ALF Unit by the administrator on [redacted] revealed the administrator no longer wanted to be the administrator at the facility.

In a phone interview with the neighbor of the facility on 01-14-13 at approximately 9:57 AM, he stated he has been in the house thirty five years. He stated that business {the facility} started a few years ago. He stated that resident #1 goes to his house every day. He stated that resident #1 does not want to be at the facility. He stated resident #1 likes to take a shower in the morning and the afternoon and he is told he can't. He stated he had a little fridge in the back of his house and a

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A 025	Continued From page 5 little section he goes to spend time. He stated he likes spending time here and also speaks to his wife. He stated that the assistant administrator must have some other businesses and he leaves. He stated once he leaves resident #1 is locked out until he comes back at night. He stated if he has to use the take a shower he has to do it at his house. He stated he feels bad for this guy. He stated he tries to do for him what he can. He stated that the assistant administrator leaves every day. He stated resident #1 is stuck outside of the house on a daily basis. He stated resident #1 feels like a prison there and needs permission to do things. He stated one day the assistant administrator took off when resident #1 and resident #2 were at Checkers and they came back and they were locked out until the assistant administrator came back. In a phone interview with the owner on - at approximately 3:09 PM, she stated she does not know what happened but had to leave the facility because of domestic violence. She stated she does not have any involvement with the facility as of now. She stated she was there last the beginning of . She stated she tried closing the facility down but the assistant administrator would not let her. She stated she does not know anything that goes on over there. She stated the assistant administrator is the only one that works there. She stated she does not what anything to do with the facility and wants everything to be over. Class II	A 025		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030		

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(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.
(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96- or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the

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delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a

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facility shall have the right to:
(a) Live in a safe and decent living environment, free from ..... and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No

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religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that 3 out of 3 (resident #1, #2,

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#3) residents were living in a safe and descent living environment and treated with consideration and respect and with the need for privacy. The facility failed to have the address and telephone number for lodging complaints and the [redacted] number posted.

Findings Include:

Observations on [redacted] at approximately 5:00 PM found the facility lacked the mandatory information posted in the facility including Ombudsman information, the address and telephone number for lodging complaints, and the [redacted] number.

In an interview with the assistant administrator on [redacted] at approximately 5:01 PM, he stated that he has just started working three months ago. He stated he does not have any postures. He stated he does not have anything. He stated that he does not have a posture for the Agency or the Ombudsman. He stated he just has the flyers.

Observations on [redacted] at approximately 5:05 PM found resident #2 watching television in the dining [redacted] from a reclining chair.

In an interview with the assistant administrator on [redacted] at approximately 5:09 PM, he stated he was told he cannot use tenant beds so he slept on the couch {in the dining [redacted]}.

Observations at approximately 5:15 PM found the assistant administrator pointed to the reclining chair next to resident #2.

In an interview with the assistant administrator on [redacted] at approximately 5:15 PM, he stated he sleeps on that couch {mentioned above}. He

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stated look you can see my hair. He stated he also sleeps on the futon {also in the dining ...}.

In an interview with resident #1 on - at approximately 5:23 PM, he stated he has been living at the facility for 6 months. He stated he would rather be in a cemetery than here. He stated they mistreat him here. He stated when he drops something on the floor he gets yelled at. He stated when he pees on the floor a little he gets yelled at. He stated he just sleeps at the facility but goes to the people across the street. He stated he goes over there because he is not left alone at the facility. He stated that he refuses to go in the car with the assistant administrator and he stays across the street. He stated when the assistant administrator leaves, he cannot stay at the facility. He stated the assistant administrator lets him know he is leaving and he leaves. He stated this happens every day. He stated he just eats breakfast here and eats lunch at a restaurant on the corner. He stated only the assistant administrator works at the facility. He stated the assistant administrator is always at the facility when they are here because if the assistant administrator leaves, he goes across the street.

In an interview with resident #2 on - at approximately 5:41 PM, he stated he has been living at the facility for 6 months. He stated he is never left at the facility alone. He stated he goes with the assistant administrator every time. He stated he goes out with him every day. He stated sometimes he would rather stay at the facility. He stated that he gets lazy and does not want to leave but he just goes because it is no big deal. He stated if there was a worker at the facility he would rather stay. He stated the assistant

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administrator is always at the facility, and when he is not, he goes with him. He stated when they stay out late, he would eat out. He stated sometimes he gets tired of leaving with the assistant administrator. He stated he would like if the assistant administrator hired another employee so he can stay at the facility when he leaves. He stated he likes to go out but he would like to stay at the facility. He stated if the assistant administrator hired another employee he would sometimes go and sometimes stay at the facility. He stated the assistant administrator is the only employee at the facility.

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In a phone interview with the administrator on - at approximately 9:08 AM, he stated he was the administrator over two facilities. He stated he is currently at this moment trying to

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMOR BLESSED SWEET HOME, INC	220 NW 179 STREET MIAMI GARDENS, FL 33169

(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
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canceling his services of administrator at Amor Blessed Sweet Home. He stated he sent the letter to the Agency this Friday. He stated he did this because the owner of this facility has a lot of problems. He stated that they have two owners and there are a lot of problems between them.

In a phone interview with the neighbor of the facility on - at approximately 9:57 AM, he stated he has been in the house thirty five years. He stated that business {the facility} started a few years ago. He stated that resident #1 goes to his house every day. He stated the assistant administrator is kind of "wako." He stated last year in the assistant administrator beat up his wife and threw her out in the street and the police came. He stated he threw her out with his teenage kids and a baby. He stated he thought she was a partner in the business but he guessed not. He stated he does not think he is fit to take care of the people. He stated he was not). He stated that resident #1 does not want to be at the facility. He stated resident #1 likes to take a shower in the morning and the afternoon and he is told he can't. He stated he had a little fridge in the back of his house and a little section he goes to spend time. He stated he likes spending time here and also speaks to his wife. He stated that the assistant administrator must have some other businesses and he leaves. He stated once he leaves resident #1 is locked out until he comes back at night. He stated if he has to use the take a shower he has to do it at his house. He stated he feels bad for this guy. He stated he tries to do for him what he can. He stated that the assistant administrator leaves every day. He stated resident #1 is stuck outside of the house on a daily basis. He stated resident #1 feels like a prison there and needs permission to do things. He stated one day the

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assistant administrator took off when resident #1 and resident #2 were at Checkers and they came back and they were locked out until the assistant administrator came back.

In a phone interview with the owner on - at approximately 3:09 PM, she stated she does not know what happened but had to leave the facility because of domestic violence. She stated she called the police and she called Department of Children and Families and she got out of there with her kids. She stated the assistant administrator is receiving in regards to the domestic violence. She stated she does not have any involvement with the facility as of now. She stated she was there last the beginning of . She stated she tried closing the facility down but the assistant administrator would not let her. She stated she does not know anything that goes on over there. She stated the assistant administrator is the only one that works there. She stated she does not what anything to do with the facility and wants everything to be over.

In a phone interview with a child protective investigator from the Department of Children and Families on - at approximately 10:04 AM, she stated she closed the case without substantiated the findings. She stated that there was not enough evidence that it was true. She stated it appeared to be a dispute because they co-owned the facility and it was a dispute because of that. She stated this was approximately 2 months ago. She stated she found the assistant administrator to be component. She stated that based on interviews with his family, his mother, his child ' s mother and several collaterals, she believes he may have mental health issues and is in denial. She stated

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A 030	Continued From page 15 that because of this she cannot say she thinks he is okay to run an assisted living home. She stated that he is very compliant and been going to meeting with his . Class II	A 030		
A 077 SS=G	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However,	A 077		

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administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least ; and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the administrator failed to be responsible for the operation and maintenance of the facility and the provision of adequate care to all residents and failed to ensure the assistant administrator completed the CORE training requirement.

Findings Include:

Observations on - at approximately 11:17 AM found the facility locked without anyone inside.

In an interview with the wife of the administrator on - at approximately 11:30 AM, she

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stated her husband, the administrator, was the administrator on record because the assistant administrator could not pass the CORE training. She stated she believes the administrator will be removing himself as the administrator of this facility.

Record review of the assistant administrator, whose application was dated [redacted], revealed he lacked any documentation of completing the CORE requirement, including the 26 educational hours and completion of the exam. Record review revealed the assistant administrator also lacked verification of a high school diploma or general equivalency diploma (G.E.D.).

In an interview with the assistant administrator on [redacted] at approximately 4:23 PM, he stated resident #1 ripped up his CORE training certificate. He stated he did not take the CORE training test. He stated he had never taken the test. He stated he will take the CORE test on [redacted]. He stated the owner took the test but failed twice already. He stated she needs to take it again. He stated he needs to take the CORE update. He stated there is a lot of updates so he is going to take it. He stated he is going to retake the whole CORE training. He stated he has not signed up for the test yet. He stated he needs the class first.

In an interview with resident #1 on [redacted] at approximately 5:23 PM, he stated only the assistant administrator works at the facility.

In an interview with resident #2 on [redacted] at approximately 5:41 PM, he stated the assistant administrator is the only employee at the facility.

In an interview with resident #3 on [redacted] at

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approximately 5:52 PM, he stated the assistant administrator sleeps at the facility every night.

Website review of floridahealthfinders.gov revealed the administrator currently supervises two assisted living facilities.

In a phone interview with the administrator on [redacted] at approximately 9:08 AM, he stated he was the administrator over two facilities. He stated he is currently at this moment trying to canceling his services of administrator at Amor Blessed Sweet Home. He stated he sent the letter to the Agency this Friday. He stated he did this because the owner of this facility has a lot of problems. He stated that they have two owners and there are a lot of problems between them. He stated that he did not work there, he just helped them with their paperwork. He stated the owner is in transition. He stated that for a while she was the owner because they could not do the transition yet. He stated he was asked by the assistant administrator to help him because the assistant administrator did not have the administrator license. He stated the assistant administrator and the owner are the only employees. He stated that the assistant administrator is in charge. He stated at this moment he canceled his services. He stated that he was the administrator on paper but the assistant administrator was in charge. He stated when he had time he went to help out the assistant administrator.

Record review of a copy of a fax submitted to the ALF Unit by the administrator on [redacted] revealed the administrator no longer wanted to be the administrator at the facility.

In a phone interview with the owner on [redacted]

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A 077	Continued From page 19 at approximately 3:09 PM, she stated she does not know what happened but had to leave the facility because of domestic violence. She stated she does not have any involvement with the facility as of now. She stated she was there last the beginning of . She stated she tried closing the facility down but the assistant administrator would not let her. She stated she does not know anything that goes on over there. She stated the assistant administrator is the only one that works there. She stated she does not what anything to do with the facility and wants everything to be over. Class II	A 077		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents	A 079		

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serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least 18 years of age, must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182,

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F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the

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fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 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 ensure that staffing standards were met.

Findings Include:

Record review of the 2013 Staffing Schedule revealed the assistant administrator was scheduled to be at the facility from 7 AM- 7 PM and the owner was scheduled to be at the facility from 7 PM - 7 AM on - . Record review of the facility staffing schedule for 2013 revealed that the owner, administrator, and assistant administrator were all listed on the schedule as employees in order to fulfil the minimum staffing requirements {copy obtained}.

In an interview with resident #1 on - at approximately 5:23 PM, he stated only the assistant administrator works at the facility.

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In an interview with resident #2 on [redacted] at approximately 5:41 PM, he stated the assistant administrator is the only employee at the facility.

In an interview with resident #3 on [redacted] at approximately 5:52 PM, he stated the assistant administrator sleeps at the facility every night.

In a phone interview with the administrator on [redacted] at approximately 9:08 AM, he stated that he did not work there, he just helped them with their paperwork. He stated the assistant administrator and the owner are the only employees. He stated that the assistant administrator is in charge. He stated at this moment he canceled his services. He stated that he was the administrator on paper but the assistant administrator was in charge. He stated when he had time he went to help out the assistant administrator.

In a phone interview with the owner on [redacted] at approximately 3:09 PM, she stated she does not know what happened but had to leave the facility because of domestic violence. She stated she does not have any involvement with the facility as of now. She stated she was there last the beginning of [redacted]. She stated she tried closing the facility down but the assistant administrator would not let her. She stated she does not know anything that goes on over there. She stated the assistant administrator is the only one that works there. She stated she does not what anything to do with the facility and wants everything to be over.

Observations on [redacted] at approximately 7:05 PM found the owner had not arrived to the facility and the assistant administrator was the only staff member present at the facility.

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A 079	Continued From page 24 Record review revealed the 2013 facility staffing schedule was falsified. Class III	A 079		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a	A 093		

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registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider

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A 093	Continued From page 26	A 093		

of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness

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	AL11968065	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMOR BLESSED SWEET HOME, INC	220 NW 179 STREET MIAMI GARDENS, FL 33169

(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 093	Continued From page 27	A 093		

authority.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to make adequate dinner substitutions and note any substitutions before or when the meal was served.

Findings Include:

Record review of the facility's menu posted in the dining revealed dinner for was as follows: Soup of the Day 8 oz, Boiling Eggs (3 oz), Bread (2 slices), Tomato's (1/2 cup). Flan (1/2 cup). Record review lacked any substitutions.

Observations on - at approximately 6:07 PM found dinner served to both resident #2 and resident #3. Observations found the following food served: Chicken Noodle Soup, two garlic bread sticks, a slice of pepperoni pizza, and dessert is cottage cheese with peaches. The drink served was iced tea. Observations found boiling eggs (3 oz) were not served.

In an interview with the assistant administrator on - at approximately 6:10 PM, he stated he did not serve boiled eggs because the residents do not like it.

In an interview with resident #3 on - at approximately 6:12 PM, he stated he likes boiling eggs and would eat it if it was served. He stated he loves the garlic bread. He stated he likes that more than the boiling eggs but he likes that too.

In an interview with resident #2 on - at

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approximately 6:13 PM, he stated that he also likes boiling eggs and he also likes scrambled eggs.

Class III

A 162 SS=D 58A-5.024(3) FAC Records - Resident

A 162

(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;
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

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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 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 [illegible] ( ) Form, CF-ES 1006, [illegible] 1998, if the resident is an [illegible] 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

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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 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,

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A 162	Continued From page 31 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to appropriately maintain 1 out of 3 (resident #1) residents contract. Findings Include: In an interview with the assistant administrator on - at approximately 6:15 PM, he stated that resident #1 signed his contract with his daughter. He stated the daughter will verify that. He stated the daughter is the power of attorney (POA). He stated she lives in Tampa and that is one of the issues. Record review of resident #1's file revealed he was admitted to the facility on . Record review revealed a residential contract was signed for resident #1 by resident #1 and dated . Record review found POA paperwork for the daughter of resident #1. In an interview with the assistant administrator on - at approximately 6:33 PM, stated that there are some problems with the POA and they made some mistakes and that is why resident #1 signed his contract. In a phone interview with the daughter of resident #1 on - at approximately 11:10 AM, she stated she did not turn in the POA paperwork to the facility. She stated she was not asked to sign a contract. She confirmed that she is resident #1's POA and confirmed she has the paperwork for it.	A 162		

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A 162	Continued From page 32 In a phone interview with a Long Term Care Ombudsman on [redacted] at approximately 4:52 PM, he stated when he looked through resident #1's file on [redacted] it lacked a contract. He stated he was told by the assistant administrator that resident #1 ripped it up. He stated there was no POA paperwork in the file but was later faxed it by the assistant administrator. Class III	A 162		
AL243 SS=D	58A-5.0191(8) FAC LMH - Training (8) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility ' s receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Staff in " direct contact " means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents. c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S.,	AL243		

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and subsection (1) of this rule.
2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:
a. Mental health diagnoses; and
b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident ' s status or condition that may affect other services received or may require intervention; and crisis services and the procedures.
3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule.
4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.
(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility ' s personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview,

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the assisted living facility failed to complete the minimum limited mental health education requirements for 1 of 1 (assistant administrator) staff members.

Findings Include:

Record review of the assistant administrator, whose application was dated - , revealed he lacked any documentation of completing any Limited Mental Health (LMH) training.

In an interview with the assistant administrator on - at approximately 4:23 PM, he stated resident #1 ripped up his LMH training certificate. He stated he does not physically have the LMH training because it was ripped up.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Amor Blessed Sweet Home, Inc
220 Nw 179 Street
Miami Gardens, FL 33169

Re: CCR #2013000258

Dear Administrator:

This letter reports the findings of a state complaint 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,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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