

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943057	(X3) DATE SURVEY COMPLETED 11/04/2013
NAME OF PROVIDER OR SUPPLIER My Sweet Home	STREET ADDRESS, CITY, STATE, ZIP CODE 11312 Sw 203 Terrace Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on . My Sweet Home Assisted Living Facility had deficiencies found at the time of the visit.

E210-ECC - Training 58A-5.0191(7) FAC

Based on interview and record review, facility failed to provide proof of Extended Congregate Care (ECC) in-service training for 1 out of 3 staff (Staff #2).

The findings include:

Personnel record review conducted on at about 11:30 a.m. for Staff #2 (hired on) did not have documentation that she received in-service training regarding extended congregate care concepts and requirements, including statutory and rule requirements and delivery of personal care and supportive services in an extended congregate care facility.

On at about 2:30 p.m. the facility administrator confirmed that Staff #2 did not receive in service training regarding extended congregate care concepts and requirements, including statutory and rule requirements and delivery of personal care and supportive services in an extended congregate care facility.

Class III



RICK SCOTT
GOVERNOR

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 (5000-3547) 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 1/8/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

