STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Sweet Home	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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial survey was conducted on . My Sweet Home Assisted Living Facility Home had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and staff interview the facility failed to ensure that resident's met the continued residency criteria for 2 out of 6 sampled residents (Resident #5 and #6).

The findings include:

A general tour of the facility was conducted on at 09:00 a.m. During the tour, Resident #5 and #6 were observed lying in bed with half-bed rail in the upward position. The residents appeared alert, awake, and nonverbal.

Record review on at about 10:00 a.m. document that Resident #5 was admitted to the facility on and Resident #6 was admitted on . Resident's #5 health assessment dated and Resident's #6 health assessment dated document that the residents requires assistance with Activities of Daily Living.

An interview conducted with the facility administrator on at approximately 1:30 p.m. confirmed that sampled Resident #5 and #6 were unable to assist with their own transfer; therefore the residents no longer met the criteria for continued residency and would be discharged from the facility.

Class: III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, the facility failed to obtain a written physician's order for use of a half-bed rail for 3 out of 3 sampled residents (#2, #5 and #6).

The findings include:

On at about 9:30 a.m. was observed that Resident #2, #5 and #6 had a half-bed rail attached to the bed.

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Resident #2's, #5's and #6's records review were conducted on . There was no documentation of a written physician's order for use of a half-bed rail on file for Resident #2, #5 and #6.

On at about 2:00 p.m. The facility administrator stated that the facility failed to obtain a written physician's order for use of a half-bed rail for Resident #2, #5 and #6.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain a statement from a health care provider that Staff B did not have any signs or symptoms of a communicable including .

The findings included:

Personnel record review was conducted on at about 10:30 a.m. Staff B hired on did not have documentation from a health care provider that she did not have any signs or symptoms of a communicable including .

On at about 2:00 p.m. the facility administrator stated that Staff B will be seeing a physician for an examination as soon as possible.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, record review and interview the facility did not ensure that 1 out of 3 sampled employees (Staff #B) had received 3 hours of in-service training within 30 days of employment that covers Resident behavior and needs, and Providing assistance with activities of daily living, and in-service training within 30 days of employment that covers resident elopement response policies and procedures.

The findings include:

Facility visit on at approximately 9:00 a.m. revealed that Staff #B was in care of the residents.

Observation made during the course of the survey on revealed that Staff #B was providing personal services to residents.

Personnel record review conducted on at about 10:00 a.m. Staff #B hired on did not have documentation that she receive 3 hours of in-service training within 30 days of employment that covers Resident behavior and needs, and Providing assistance with activities of daily living, and in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Interview conducted with the facility administrator on at approximately 1:00 p.m. revealed that Staff #B received the in-services training before provide personal care to residents but was unable to provide them

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during the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 3 staff (Staff #A).

The findings include:

Record review for Staff #A, administrator had no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff #A training expired on .

On at about 2:20 p.m. the administrator stated that she assists the residents with self-administered medications.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for 1 out of 3 sampled employees (Staff B).

The findings include:

A review of the personnel records for Staff B was conducted on . During the review, it was revealed that there was no documentation in the record to show that the employees completed at least one hour of training regarding policies and procedures for within 60 days of the effective date of the rule which was , 2010. Staff B was hired on .

Interview conducted with the facility administrator on at approximately 1:00 p.m. revealed that staff #B received the in-service training but she was unable to provide it during the survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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 licensure 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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121