STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	01/30/2014
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)		

Revisit Corrected Tags:

Revisit Repeat Tags:
E210-Ecc - Training-58a-5.0191(7) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up to a Extended Congregate Care Monitoring Survey was conducted on 01/30/2014. My Sweet Home Assisted Living Facility had an uncorrected deficiency found at the time of the visit.

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

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

The findings include:

Record review conducted documented the facility failed to have proof of the Extended Congregate Care concepts and requirements (ECC) for Staff #2 (hired on).

On at about 12:30 p.m. the facility administrator stated that Staff #2 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 but but unable to proof it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) monitoring revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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