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:
0010-Admissions - Continued Residency-01/30/2014
0030-Resident Care - Rights & Facility Procedures-01/30/2014
0078-Staffing Standards - Staff-01/30/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-01/30/2014

Revisit Repeat Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0090-Training - -58a-5.0191(11) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up to an Abbreviated Biennial survey was conducted on 01/30/2014. My Sweet Home Assisted Living Facility Home had deficiencies found at the time of the visit.

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

Based on observation, record review and interview the facility still 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 12:00 noon 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.

Record review documented. Staff #B hired on **still** 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.

On (by phone) at approximately 12:00 noon the facility administrator stated that Staff #B received the in-services training before provide personal care to resident..

Class III

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)		

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:

Record review documented, there was no documentation in the record to show that staff B 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 .

On at about 12:00 noon the facility administrator stated staff #B received the in-service training but she was unable to provide it during the survey.

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 a revisit survey to a biennial 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

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