STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	07/23/2014
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)		

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on , 2014. My Sweet Home had deficiencies identified at the time of the survey.

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the facility failed to notify the Agency of a change in capacity.

Findings as follows:

Observations during facility tour on at 11:10 a.m. revealed there were eight (8) residents in the facility. Resident #8 was observed sleeping in bed, in the resident by resident #5.

Record review of the facility's posted license revealed the facility is licensed for a capacity of 6 residents.

Interview with caregiver on at 10 a.m. revealed Resident #7 is only daycare and Resident #8 is living here only for a week. She does not have any papers done; she brought all her medications. She came in last Sunday. The caregiver provided a plastic container with 7 medication bottles labeled with resident #8's name.

Telephone interview with the administrator on at 10:40 a.m. revealed resident #8 is respite care; the resident's sister left her there for a week because she was leaving out of town. When asked for the respite care contract and resident's health assessment, the administrator replied that when the resident was left at the facility she was out of town therefore could not provide the documentation for this resident. The administrator said it was her mistake; she did not realize she already had 6 residents in the facility when she admitted resident #8.

Telephone interview with resident #8's niece on at 11:05 a.m. reports her mom is the resident's sister and lives with her in her home, but she had to leave on a cruise on Sunday and left the resident at the ALF so they can take care of her for a week.

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 Monitoring survey that was conducted on , 2014 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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