STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	07/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Sweet Home Ii	214 Nw 120 Avenue Miami, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Survey was conducted on , 2014. My Sweet Home II had the following deficiencies identified at time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff did not follow appropriate procedures when assisting with self administration of medication for 1 out of 4 (#1)sampled residents.

Findings include:

Observations made on at 7:50 a.m. Staff B prepared the medications in the cup with the resident ' s names and left the facility. Staff C washed her hands to assist resident #1 with medications. The med book was signed before the medication is given to residents. The caregiver crushed the medications in the small cup with resident name. Staff C did not identified or tell the resident what medications she was going to take. The resident #1 is prompted to take the medications by Staff C.

On at 12:45 p.m. administrator stated she knows the residents medications by because they have bee a long time.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview, and record review the facility failed to to ensure any change in directions for use of a medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order for 1 out of 4 (#1) sampled residents.

Findings include:

Observations made on at 7:50 a.m., Staff C crushed the following medications for resident #1 100 milligram(mg), 7.5 mg, Temazepan 30 mg in the small cup with resident #1's name. Staff C prompted resident #1 to take the crushed medications from the cup. Resident swallowed the crushed medication with Jelly and drank some water.

Interview conducted on at 1:00 p.m. with administrator acknowledged that the facility did not have an order from the resident's physician to crush resident's #1 medications.

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Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings include:

Record review conducted on revealed staff C was not listed on the staff schedule. Record review found that the facility did not have a staffing pattern for the month of . Last staffing pattern available at the facility was for the month of .

Interview with the administrator on at 1:37 p.m. confirmed that staff C was not written on last staff schedule. Also there was not a staff schedule for .

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility did not have a completed application with references for 1 out of 3 (staff C) sampled staff members.

Finding include:

Record review found that the facility did not have a completed application with references for staff C.

Interview with Staff C on at 9 a.m. she stated that she has been working for 20 days at the facility.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a signed informed consent for unlicensed staff to assistance with medications for 1 out of 4 (#4) sampled residents. The facility failed to have a signed contract for 2 out of 4 (#2 & 4)sampled residents.

Findings include:

Observation made on , 2014 at 7:50 a.m. found staff C assisting a census of four residents with medication assistance at the facility.

Record review found that the facility did not have signed informed consent for unlicensed staff to assist with self administration of medications for resident #4.

Record review revealed that the contracts for resident #2 and 4 were not signed on or before admission. Record review found that resident #2 and #4's contract were dated .

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Interview with administrator on 1:45 p.m. stated she did not get to sign the forms.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My Sweet Home II
214 Nw 120 Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial 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
XG90

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