STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967256	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sublime Atardecer Inc	20630 Nw 37 Ct Miami, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership survey was conducted on . Sublime Atardecer Inc. had the following deficiencies at time of the survey:

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

Based on record review and interview the facility's personnel records did not include evidence of a freedom from communicable including statement for 1 out of 4 (D) sampled staff.

Findings included:

Personnel record review on revealed that sampled Staff D.'s (hire date /) record did not have evidence of a freedom from communicable including statement.

On at 2:25 PM Staff C. stated " I will make sure he gets the test done as soon as possible. "

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 that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 10:30 AM found Staff B alone in the facility caring for residents.

The staffing schedule posted was of the month of 2014. It indicated that Staff A. was scheduled to work from 7:00 AM to 7:00 PM and Staff C. was scheduled to work from 9:00 AM to 6:00 PM.

On at 10:30 AM Staff B. stated, "Staff C. the administrator was at the store, we ran out of gas and she went to the store to get a new cylinder delivered. " On at 10:40 AM Staff C. arrived. On at 10:45 AM Staff C. stated, Staff A. is out of the country.

Class III

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

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	AL11967256	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sublime Atardecer Inc	20630 Nw 37 Ct Miami, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Based on record review and interview the facility's personnel records did not include documentation that 1 out of 4 (A) sampled staff received in-service training within 30 days of employment.

Findings included:

Personnel record review on revealed Sampled Staff A.'s (hire date / /) record did not include evidence of 3 hours of activities of daily living (ADLs) and Behavioral Needs Training, 1 hour Emergency Preparedness & Evacuation Training, Incident Report Training, 1 hour Resident Rights Training, Recognizing / Reporting , Neglect & Training.

On Staff C. stated, " I will have her get the training as soon as she comes back from travel. "

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility's personnel records did not include documentation that 1 out of 4 (A) sampled staff received First Aid training.

Findings included:

Personnel record review on revealed Sampled Staff A. did not have evidence of First Aid training in the facility at the time of the survey.

On at 2:30 PM Staff C. stated " It is possible that she has the First Aid certificate at home. "

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 1 out of 4 (D) sampled employees' received a minimum 6 hours limited mental health training within 6 months of employment.

Findings included:

Personnel record review on for Staff D. (hire date / /) revealed the facility did not have documentation that the staff member received 6 hours of limited mental health training.

On at 2:25 PM Staff C. stated " I will schedule the training as soon as possible. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sublime Atardecer Inc
20630 Nw 37 Ct
Miami, FL 33055

Dear Administrator:

This letter reports the findings of a Change of Ownership 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

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