STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964534	12/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dulce Hogar	120 Nw 26 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Dulce Hogar had the following deficiencies at time of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, record review and interview the facility failed to have a written documentation for 1 out of 11 (#1) sampled residents.

Findings included:

Observation during facility tour on at 9:00 am revealed that resident #1 had (redness) around his right eye and on right hand. During an interview staff A and B stated that resident #1 from bed.

A record review on at 11:00 am revealed that resident #3 did not have a written documentation or an incident report to provide information about resident #1 .

An interview with owner and administrator reveal that they though that resident #1 ' s browses happened at the Hospital. They also stated that they made the Hospice's RN observed resident #1 ' browses, and he told them that resident #1 was okay. Also, they stated that they did not know that resident #1 from bed. Therefore, there is no written documentation regarding resident #1 ' s and/or browses in the facility at time of survey.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to have order to use physical and privacy for 5 out 12 (# 1, 4, 9, 10 & 11) residents sampled.

Findings included:

Observation on at 8:40 am showed that the Hospice's Certified Nursing Assistant (CNA), in # was

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giving a bed bath to resident (#10),and resident (#9) was in the no curtains to provide privacy. Moreover, observed # , and another Hospice's CNA was giving a bed bath to resident (#11) with resident #4 in the no curtains to provide privacy.
Further observation on , 2014 at 8:50 a.m. revealed that resident (# 1) seated in a wheelchair was wearing a Velcro Traps.

Interview with staff B and C during tour revealed that Hospice ' s CNAs provided bed baths the residents (#s 10 and 11) every day. Moreover, staff A and B stated, " Resident #1 need to wear a Velcro Traps because he wants to stand up from his wheelchair at all times, and he forgets that he needs assistance. "

Further interview with administrator and owner revealed that they did not know that resident #1 was wearing a Velcro Traps, they stated, "It will not happen again." Furthermore, they stated that they needed to speak with Hospice's staff concerning privacy to residents (#s 4, 9, 10 & 11).

Class : III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review on at 10:30 AM revealed that the last two elopement drills were documented on and .

An interview on at 2:00 p.m. with administrator assistance confirmed that the last elopement drill performed in facility was on .

Class III

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

Based on observation, record review and interview the facility failed to properly assist with self-administration of medication for 2 out of 11 (# 3, 4) sample residents.

Findings included:

Observation on at 12:00 pm, staff B assisted resident #4 with self-administration of medication. First, staff B took a cup of water, bingo medication and Medication Observation Record (MOR) on a table; she put gloves on and called resident #4. Then, staff B pushed the medication(Dilvaproex SOD DR 250 MG Tab) from the bingo card to a little cup and gave it to resident #4; she did not explain the medication to resident or wait to see resident #4 swallowed the pills. Then, staff B signed the medication as given on the MOR.

Further Observation revealed that staff B continued to assist resident #3 with self-administration of medication. First, she put gloves and took medication with a cup of water, and she walked to resident #3. Then, she did not explain the medication to resident or wait to see resident #4 swallowed the pills; staff B walked away from resident #3 to sign MOR, which was on the table and left resident without supervision. Resident #3 stood up and went to

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the the medication still in his mouth.

Interview on , 2014 at 12:05 pm with administrator and owner revealed that staff A acknowledged that she did not explain the medication or wait until they swallowed medications; however, she stated, " Residents (#s 3 , 4) always swallows their medication, I have no problem with that. "

Class III

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

Based on record review and interview the facility failed to ensure for 5 out of 5 (administrator and staff A, B, C, D, E & F) to have evidence of an negative examination onanial bases.

Findings include:

Record review on @ 11:00 am revealed that the administrator and staff (A, B, C, D, and E & F) did not have any documentation in their personal file to prove the annual test. The following information was given as evidence:

Administrator last test dated
Staff A last test dated
Staff B last test dated
Staff D last test dated
Staff E test dated
They did not have any documentation in their personal file to prove an updated annual test.

Interview on @ 1:00 pm revealed that the administrator confirmed that they needed to have a test done.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review, observation and interview, the facility failed to ensure the administrator received 12 hours of continuing education in topics relating to assisted living every 2 years.

Findings included:

Record review showed the facility failed to have proof of the 12 hours continuing education training every 2 years for the facility administrator.

Interview on at 1:00 pm revealed that the administrator stated, "I have my 12 hrs. of continue education." Administrator searched in the facility's records; however, she did not find the documentations at time of survey.

On at about 2:00 p.m. the facility administrator confirmed she had not documents to prove that she completed the 12 hours continuing education training in the facility.

Class III

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure 4 out of 5 (Administrator & staff A,B &D) sampled employees to have at least two (2) hours of continuing education training for assistance with self-administration of medications.

Findings included:

A record review on @ 9:30 am revealed that Administrator and staff B did not have any documentation for assistance with self-administration of medication in their files. Staff A ' s last training was dated on and staff D ' s last training was dated on .

An interview with the owner he stated that staffing assisted with mediation. Further interview with staff A and B revealed that staffing were trained to assist residents with medication, and they all assisted them with medication.

Interview on @ 12:30 pm with administrator revealed they did not have the update in-services to assist with self-administration of medication in the facility at time of survey.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview facility failed to have the Food Service Designee training for 3 out of 5 (Administrator and staffs A & D) sampled staffs.

Findings included:

Observation during survey on from 10:30 am to 2:30 pm confirmed that staff D cooked at the facility.

Record review on at 2:00 pm revealed that staff Administrator & B did not have the Food Service Designee training in their personal file. Further record review revealed that staff A last Food Service Designee training expired on .

Further interview with administrator on around 2:00 pm revealed that staffs (administrator and staff A & D) did not have the Food Service Designee training in file at time of survey.

Class III

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

Based on record review and interview the facility failed to record information of the ( ) for 1 out 11(# 11) sampled residents.

Findings included:

Record review on at 2:37 pm revealed that resident #11 received ($54.00 monthly) the ( ).

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Further record review on at 2:41 pm revealed that resident #11(hospice) has a guardian who signed her ( ); however, it needed to be updated because the last signature was signed on

Interview on at 2:44 pm revealed that administrator acknowledged that resident #11 ' s ( ) needed to be updated.

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 5 (staff C) sampled staff received the minimum 6 hours limited mental health (LMH) training within 8 months of employment. The facility failed to ensure that 2 out of 5 (Administrator and staff E) sampled staff received 3 hours of continuing education training in LMH every two years.

Findings included:

Personnel record review on for Staff administrator (hire date) revealed the last LMH training was dated , but she did not have the 3 hours of continue training. Staff E (hired date) last 3 hours of continuing education training in LMH was on . Staff C (hire date) did not have any documentation that she received 8 hours of LMH training at the facility.

An interview on at 2:20 pm with administrator revealed that they did not have the training documentation at time of survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Dulce Hogar
120 Nw 26 Avenue
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 2, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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