STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	**01/02/2015**
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 - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on , 2015. My Sweet Home had deficiencies identified at the time of the survey.

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

Based on observation, record review, and interview the facility failed to provide evidence of personnel records containing, at a minimum, a copy of the employment application, documentation verifying freedom from communicable , documentation of compliance with all staff training, and documentation of compliance with level 2 background screening. This was evident for 1 of 5 sampled staff (Caregiver E).

The findings included:

Observation made during the course of the survey on revealed that Staff E was coming in and out of residents' assisting with activities of daily living.

Record review and request for Staff E's personnel records on revealed that no record was available in the facility for this staff.

Interview with Staff E on at 9:55 AM revealed she started working in the ALF on . She reports she filled out a job application and the administrator made copies of all her in-service certificates and background screening but she was not able to find her file in the facility. The caregiver made a phone call to the administrator to inform her that her employee file could not be found. The caregiver searched the file cabinets and the desk but was not able to find her file.

Telephone interview with the facility's administrator on at 10:05 AM revealed she is out of the state now and cannot come to the facility.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review and interview the facility failed to provide evidence of level II background screening for 1 of 5 staff reviewed (Staff E).

The findings included:

Observation made during the course of the survey on revealed that Staff E coming in and out of residents' assisting with activities of daily living.

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Telephone interview with the facility administrator on at 10:05 AM revealed she is out of the state now and cannot come to the facility.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
My Sweet Home
11312 Sw 203 Terrace
Miami, FL 33189

Dear Administrator:

This letter reports the findings of an Extended Congregate Care Monitoring licensure survey that was conducted on , 2015 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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