STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	03/26/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

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

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

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis for one out of four staff (Staff D).

Findings included:

Review of Staff D's record on at 1:00 PM, showed Staff B, Registered Nurse did not have evidence of a negative examination documented on an annual basis. The last examination statement on file was dated .

During an interview on at 2:30 PM, the facility's Caregiver acknowledged Staff D's last exam on date was and the facility did not have any other documentation.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility.

Findings included:

Observation made during the survey on revealed that Staff A and C were providing personal services to residents.

Review Staff A's record on showed that her expired on . Record review found Staff C's did not have a personnel record on .

Interview conducted on at 1:00 PM, Staff C stated that she started working yesterday.
Class III

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

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0084 Continued From page 1

ALF for two out four staff (Staff A and B).

Findings included:

Review of Staff A, caregiver and Staff B, Administrator's record showed it did not contain documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A training expired on / / and Staff B training expired on / /.

During an interview on at 2:30 PM, the facility's Caregiver stated that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF but the documentation was not available for review.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain an up to date admission and discharge log.

Findings included:

Record review revealed that the facility's admission and discharge log did not have Resident #1.

During an interview on at 2:00 PM, Resident #1 stated "I am been residing in the facility for a few days. I am going to come back home when I feel better. They assist me with my medications."

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to provide proof of Extended Congregate Care (ECC) in-service training for one out of four sampled staff (Staff A).

Findings included:

Review of Staff A's record conducted on at 1:45 PM showed it did not contain documentation of the in-service training regarding extended congregate care concepts and requirements (ECC). Staff B was hired on / /.

Interview conducted on at 2:30 PM, the facility's Caregiver stated that she received 2 hours of in-service

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	AL11943057	**03/26/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

E210 Continued From page 2

training regarding extended congregate care concepts and requirements, including statutory and rule requirements and delivery of personal care and supportive services in an extended congregate care facility but the documentation was not in the facility at the time of the survey.

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observations and interview, the facility failed to obtain a license prior to providing care and assistance with self-administration of medication to one out of seven residents (#1). The provided services to residents outside the current license capacity of six.

Findings included:

A general tour of the facility was conducted on at 1:00 PM with the facility staff. During the tour, it was revealed that there were seven residents in the facility.

Review of the medication observation records (MORs) showed the facility assisted seven residents with medications including Resident #1.

During an interview on at 2:00 PM, Resident #1 stated "I am been residing in the facility for a few days. I am going to come back home when I feel better. They assist me with my medications."

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 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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