STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	03/30/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on , 2015. My Sweet Home II had the following deficiencies found at time of the survey:

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

Based on observation and record review, the Assisted Living Facility failed to have a resident consent to the use of half-bed rail for one out of two sampled residents (#1). The facility failed to limit the physical to half-bed rail and to have a doctor order for the use of bed rails for one out of two sampled residents (#2).

Findings included:

Observation on at 12:25 PM revealed that Resident #2 was resting on bed in # with full bed rails up.

Observation on at 12:27 PM revealed that Resident #1 was resting on bed in # with half bed rails up.

Review of Resident #1's record revealed that there was a resident consent to the use of half bed rails but it was blank. Review of Resident #2's record revealed that there was not doctor order for bed rails and there was a resident consent to the use of half bed rails dated and signed on /

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have an evidence of a negative examination documentation on an annual basis for the Registered Nurse contracted to provide limited nursing services.

Findings include:

Review of the Registered Nurse contracted to provide limited nursing services' record revealed that last documentation of a negative examination was done on .

In an interview with the Administrator on at 2 PM revealed that last negative test for the registered nurse available in the facility at time of the survey was the one in record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

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

Dear Administrator:

This letter reports the findings of a Limited Nursing Services 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 Evlaluator 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