STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	R
NAME OF PROVIDER OR SUPPLIER **MY SWEET HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 Revisit Survey was conducted on 06/30/15. My Sweet Home II with Limited Nursing Services component had the following deficiencies found at time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observations, record review, and interview the facility failed to have doctors' orders for the use of bed rails for three out of four (#1, #3, and #4) sampled residents.
Findings included:
Observations during facility tour on at 1:15 PM found that Residents #1, #3, and #4 had half bed rail attached to their beds.
Record review on showed that Resident #1, #3, and #4 did not have doctor order for bed rails.
During an interview on at 1:50 PM, the Administrator stated " I have family issues I don't have documents here at the facility for review. I will have fax them to the agency."
As of , 2015, the agency had not received any faxes from the facility.
Uncorrected Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have an evidence of a negative examination documentation on an annual basis for the Registered Nurse (RN) contracted to provide limited nursing services.

Findings included:

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

During an interview with the Administrator on at 1:50 PM stated that the facility had a new RN to provide limited nursing services but the record was is not at the facility for review.

As of , 2015, the agency had not received any faxes from the facility.

Uncorrected 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 revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 20, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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