

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943057	(X3) DATE SURVEY COMPLETED 06/16/2015
NAME OF PROVIDER OR SUPPLIER MY SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 11312 SW 203 TERRACE MIAMI, FL 33189	

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

0000 Initial Comments

A Standard Biennial survey was conducted on _____ and concluded on _____. My Sweet Home with Extended Congregate Care (ECC) component had deficiencies at time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to read the medicines' labels in front of one (#5) out of eight sampled residents.

Findings include:

Observation on _____ at 6:41 AM revealed that Staff C gave a cup with 2 pills and 2 capsules to Resident #5. Staff C told to Resident #5 "get it". Resident #5 took the blue pill and placed it in his pocket.

In an interview with Staff C on ____/____/____ at 6:50 AM revealed that Resident #5 was a day care participant. Caregiver C showed Resident #5' medicines.

Medicine review for Resident #5's revealed: _____ 1000 mg 1 tablet by mouth three times a day, _____ 250 mg 2 capsules by mouth three times a day, and _____ 0.5 mg 1 tablet by mouth twice a day as needed for _____.

Staff C revealed on ____/____/____ at 6:54 AM that she gave _____ to Resident #5 twice a day every day. The facility did not have medication observation record for Resident #5 for the month of _____.

Record review revealed that Resident #5 did not have medication observation for the month of 2015.

Class III

0053 Medication - Administration

Based on interview and observation, the facility failed to have a licensed nurse to administer medicines to one (#3) out of eight sampled residents.

Findings include:

In an interview on ____/____/____ at 7:32 AM with Staff B revealed that she crushed medicines for Resident #3

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and mixed with yogurt because he cannot take whole medicines.

Observation on 6/16/15 at 7:49 AM revealed that Staff B was feeding Resident #3, staff was observed administering medicines in the yogurt. Staff B placed spoon inside Resident #3 with yogurt with crushed medicine and feed the resident.

Medicine review for Resident #3 revealed that medicine administered were
1 tablet, Succ ER 50 mg 1 tablet, 500 mg 1 tablet, and Sod Dr 40 mg
37.5-25 mg 1 capsule. -HCTZ

Class III

0054 Medication - Records

Based on observation, record review, and interview, the facility failed to have a medication observation record (MOR) for one (#5) out of eight sampled residents that received medications assistance in the facility.

Findings include:

Observation on 6/16/15 at 6:41 AM revealed that Staff C gave a cup with 2 pills and 2 capsules to Resident #5. Staff C told to Resident #5 "get it". Resident #5 took the blue pill and placed it in his pocket.

Medicine review for Resident #5's revealed:
1000 mg 1 tablet by mouth three times a day,
250 mg 2 capsules by mouth three times a day, and 0.5 mg 1 tablet by mouth
twice a day as needed for

Staff C revealed on 6/16/15 at 6:54 AM that she gave to Resident #5 twice a day every day. The facility did not have medication observation record for Resident #5 for the month of

Record review revealed that Resident #5 did not have medication observation for the month of 2015.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that medicines were kept in a locked

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cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings include:

Observation on / at 6:36 AM revealed that there were three cups at the top of desk in the open office. Cups had medicines inside. Cup 1 has two tablets, one red and one yellow tablet. Cup 2 has one white tablet. Cup 3 has two tablets and two capsules, one blue and one white tablet and two white capsules.

In an interview with Staff B on / at 6:37 AM revealed that was what the facility did in the mornings and afternoons. Residents had medicines when they woke up.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility's Administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings include:

Review of Staff A, facility's Administrator record showed it did not have documentation that she participated in 12 hours of continuing education in the last 2 years.

Interview conducted on / at 2:00 PM, Staff A, Administrator stated that she did not participate in 12 hours of continuing education in the last 2 years.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to maintain a 3 day supply of non-perishable foods.

Findings include:

Observation on / at 9:00 AM showed that there were seven residents and two daycare participants in the facility.

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The facility did not have proteins, vegetables, fruits, milk, and starches on hand on [redacted] for its emergency food supply.

On [redacted] at 2:00 PM the facility's Administrator acknowledged that the emergency food supply area was empty.

Class III

E207 ECC - Services

Based on observation, record review and interview, the facility failed to ensure that nursing staff employed to provide extended congregate care followed doctor's orders.

Findings include:

Observation on [redacted] at 6:30 AM revealed that Resident #1 were two bunny boots, one on each foot.
Observation on [redacted] at 7:08 AM revealed that Resident #1 required total care to transferred by Staff B and C from wheelchair to recliner.

Interview on [redacted] at 6:48 AM with Staff B revealed that Resident #1 stayed at the ALF (Assisted Living Facility) until 6 PM. Her nurse used to come to the facility but now was going to Resident #1's house.

Nurse employed to provide Extended Congregate Care (ECC) arrived to facility on [redacted] at 9:20 AM.

Interview with nurse employed to provide ECC on [redacted] at 9:20 AM revealed that she was not going to assist the surveyor in uncovering any [redacted] due to the fact she did not have any doctor order that allow her to do it.

Interview with ECC nurse on [redacted] at 9:47 AM revealed that she received doctor order from podiatrist to open patient's dressing and to close it.

Interview with ECC nurse on [redacted] at 10:20 AM revealed that she was not going to follow the doctor order due to she did not have a physical doctor order in hands.

Class III



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 a Standard Biennial 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than** , 2015. Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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