STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967861	09/15/2015
NAME OF PROVIDER OR SUPPLIER **DULCE HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 SW 102 COURT** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Complaint Survey (CCR# 2015008964) was conducted on / . Dulce Home ALF Corp with Limited Mental Health component had the following deficiencies at the time of visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to assist one out of four facility residents (#3) with self administration of medications as ordered.

Findings as follow:

Observation on at 8:40 a.m. Staff C assisting Resident #3 with self -administration of the following medications:
0.5 mg tab 1 tab by mouth 3 times a day 7 am, 12 noon 5 pm
1 tab by mouth twice daily 7 am 5 pm
25 mg 1 tab by mouth twice daily 7 am 5 pm
sod Dr 20 mg tab 1 tab by mouth twice daily 7 am 5 pm
Record review of Resident #3 Medication Observation Record found the medications were to be given at 7:00 am.
On at 8:30 a.m. Staff AC acknowledged resident was the 7 a.m. taking prescribed medications, at 8:40 a.m.
Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have 5 out of 5 facility Staff (Staff A, B, C, D and E) with updated and communicable statements as follow:

Findings Included:

Record review documented the last statement for following staff were:
Staff A-dated:
Staff B-dated
Staff C-dated:
Staff D-dated:
Staff E-dated:

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On at 11: 00 a.m. the Assistant Administrator (Staff B) acknowledge the statements of all 5 facility Staff (Staff A, B, C, D and E) had not received a current exam.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 4 out of 5 (Staff B, C, D, E) facility Staff who assist with self administration of medications trained in providing assistance with self administration every year.

Findings as follow:

On at 8:40 a.m. found Staff C assisted Resident #3 with self -administration of the following medications:

0.5 mg tab 1 tab by mouth 3 times a day 7 am,
1 tab by mouth twice daily 7 am
25 mg 1 tab by mouth twice daily 7 am
sod Dr 20 mg tab 1 tab by mouth twice daily 7 am

Record review found Staff B, and also for C, D and E, who assist residents with self administration of medications did not have the required continuing education in assistance with self administration of medication. Record review found the last medication training received for Staff B, C, D & E was dated on .

On / the Assistant Administrator stated "The facility failed to train facility Staff B, C, D and E in assisting residents with self administration of medications, every year"

Class III

0085 Trainina - Nutrition & Food Service

Based on observation, record review and interview, the facility failed to have 5 out of 5 (Staff A, B, C, D and E) designated Staff trained in Nutrition and Food Service on yearly basis, .

Findings as follow:

On at 8:00 a.m., Staff C was observed preparing breakfast and assisting residents during

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SUMMARY STATEMENT OF DEFICIENCIES
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breakfast time.

Record review found Staff A, B, C, D and E had not been trained in Nutrition and Food Service. The facility Administrator (Staff A) and Staff C, D, E last Nutrition and food service training was dated / and the assistant administrator (Staff B) last Nutrition and food service training was dated

On at 12:00 noon, the assistant administrator (Staff B) stated the facility failed to have Staff A, B, C, D and E who assist with facility food service, trained annually in Nutrition and Food Services.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 1 out of 5 (Staff E) facility Staff trained in working with Limited Mental Health residents.

Findings as follow:

Record review documented the fcaility holds an Standard License with Limited Mental Health component.
Record review documented the facility failed to have Staff E (hired on /) trained in working with Limited Mental Health residents.
On / at 12:00 noon, the assistant administrator (Staff B) stated Staff E has not received the Limited Mental Health training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dulce Home Alf Corp
4001 Sw 102 Court
Miami, FL 33165

RE: CCR #2015008964

Dear Administrator:

This letter reports the findings of a Complaint 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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