STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967861	05/10/2016
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 Standard Biennial Survey was conducted on , 2016. Dulce Home ALF Corp. with Limited Mental Health had deficiencies identified at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to honor resident rights regarding the use of side rails for 4 out of 5 sampled residents (Resident # 1, # 2, # 4 and # 5). The residents were restrained by full bed rails which they could not remove, and their consent to the use of such side rails was not obtained.

Findings included:

During tour of the facility on at approximately 8:35 am observed that both beds on # where Resident # 1 and Resident # 2 sleep had full side rails attached. At approximately 8:40 am observed that both beds in # where Resident # 4 and Resident # 5 sleep had full side rails attached.

A review of Resident # 1's record revealed that resident is under hospice services; also revealed that there was no prescription and no consent signed for Resident # 1 to use full side rails.

A review of Resident # 2's record revealed that resident is under hospice services; also revealed that there was a prescription from the hospice doctor for full side rail; there was no consent to use full side rails in Resident # 2's file.

A review of Resident # 4's record revealed that resident is under hospice services; also revealed that there was a prescription from the hospice doctor for full side rail; there was no consent to use full side rails in Resident # 4 file.

A review of Resident # 5's record revealed that resident is under hospice services; also revealed that there was a prescription from the hospice doctor for full side rail; there was no consent to use full side rails in Resident # 5 file.

The facility owner stated on at 2:00 pm that she did not know that the residents that are under hospice services needed a consent to use full side rails and that she will contact their relatives to sign the consents. She also stated that she will call the hospice nurse for Resident # 1 and will ask her to bring the prescription for her to use full side rails.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0160 Records - Facilitv

Based on record review and interview facility failed to show proof of the annual fire inspection.

Findings included:

Record review revealed that the last fire inspection expired on [illegible].

On [illegible] at 10:15 am the facility owner stated: "They always come to do the inspection without me calling them. I do not recall that they came this year. I will call the fire department so that they come to do the inspection."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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