STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	06/27/2016
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 complaint (CCR #2016005728) survey was conducted from , 2016 through , 2016. My Sweet Home with limited nursing services component, license number 8528, had the following deficiencies identified at the time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the Assisted Living Facility failed to ensure that residents had a health assessment (AHCA form 1823) completed within 60 days before admission or within 30 days following the admission to the facility for one (Resident #5) out of six sampled residents.

Findings included:

Review of Resident #5's record revealed the admission date was . There was no Health Assessment (AHCA 1823) completed in record.

In an interview on at 2:12 PM the Administrator revealed that the Administrator thought that Health Assessment was completed.

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the Assisted Living Facility failed to have an accurate Health Assessment (AHCA form 1823) for one (Resident #6) out of six sampled residents.

Findings included:

Observation on at 12:05 PM revealed that Caregiver D sat in a chair in front on Resident #6. Plate with food included white rice with lentils soup over, chicken, lettuce, tomato, and a bowl next to with lentils soup. Caregiver D put spoon with food inside Resident #6 ' s mouth.

Review of Resident #6's record revealed that Health Assessment (AHCA form 1823) completed on showed that resident had a pressure in the sacrum. It showed that Resident #6 needed assistance for all activities of daily living; comments next to eating showed that resident needed to be fed.

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In an interview on at 12:11 PM Caregiver A revealed that Resident #6 had a pressure in the sacrum at the time of admission but Resident#6 did not have a at the time of the survey.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility's failed to appoint in writing a separate manager for each facility the Administrator supervised.

Findings included:

Review of Florida Health Finder website revealed that Administrator supervised two assisted living facilities.

In an interview via telephone on at 10:51 AM the Administrator revealed there was a manager for the facility.

Review of Manger's record revealed that Manager was hired on and job description in record was for care taker. Manager completed CORE training on .

In an interview on at 11:17 AM the Manager revealed that Manager worked in both facilities.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 9:40 AM revealed that Caregiver A and Caregiver D were the only caregivers in the facility taking care of Residents #1, #2, #3, #4, #5 and #6. Observation on at 11:37 AM revealed that Caregiver D assisted Resident #3 in transferring.

Review of facility's record revealed that 2016 staffing pattern showed in schedule to work on

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Caregiver A from 7 AM- 7 PM, Caregiver B from 7 PM- 7 AM, and Caregiver C from 9 AM- 6 PM. Caregiver D was not in 2016 staffing pattern.

In an interview on / at 1:15 PM the Caregiver A revealed that Caregiver B worked in the facility on Wednesday, Thursday, Friday and Saturday.

In an interview on at 2:21 the Administrator revealed that Caregiver B did not work for the facility since 2016.

Class III

0093 Food Service - Dietary Standards

Based on observation and record review, the Assisted Living Facility failed to have menus dated and planned at least 1 week in advance.

Findings included:

Observation on / at 11:40 AM revealed that Residents #1, #2, #3, #4, #5 and #6 had served for lunch white rice, mixed salad (pickles, lettuce, and tomato), lentils soup, and grilled chicken.

Review of menu posted in the bulletin board revealed that there were Spanish and English menu, but they were planned for week - /.

Class III

0162 Records - Resident

Based on observation and record review, the Assisted Living Facility failed to have in record a copy of doctor's order for the use of heel relieve pressure boots for one (Resident #3) out of six sampled residents.

Findings included:

Observation on / at 11:37 AM revealed Resident #3 used boots.

Review of Resident #3's record revealed that there was no doctor's order in record for the use of boots.

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Class III

0167 Resident Contracts

Based on record review and interview, the Assisted Living Facility failed to have resident's contract signed by facility's owner/ administrator for two (Resident #5 and Resident #6) out of six sampled residents as well as to have resident's contract signed by the resident or legal guardian for one (Resident #6) out of six sampled residents.

Findings included:

Review of Resident #6's record revealed that resident's contract in record was blank; it was not signed by facility's owner/ administrator neither by resident or legal guardian.

Review of Resident #5's record revealed that resident's contract in record was not signed by facility's owner/ administrator.

In an interview on / at 2:12 PM the Administrator revealed that the Administrator was out of town and returned due to an emergency.

Class III

N277 LNS - Resident Care Standards

Based on observation and interview, the Assisted Living Facility failed to have available a nurse to meet the needs of residents for one (Resident #3) out of six sampled residents.

Findings included:

Observation on at 11:37 AM revealed that Resident #3 used boots.

In an interview on / at 11:39 AM the Caregiver A revealed that Resident #3 used the boots due to he had a little .

In an interview via telephone on / at 12:51 PM the Limited Nursing Services (LNS) nurse revealed that LNS nurse was sick and was not been able to come but Administrator was working in getting a nurse for checking Resident #6's dressing.

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Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview, the Assisted Living Facility failed to conduct level 2 background screening for one (Caregiver D) out of five employees.

Findings included:

Observation on at 11:37 AM revealed that Caregiver D assisted Resident #3 in transferring. Caregiver D returned with Resident #3 to the dining / at 11:44 AM.

In an interview on at 11:44 AM the Caregiver D revealed that Caregiver D assisted Resident #3 in the .

In an interview on at 11:31 AM the Administrator revealed that Caregiver D worked in the facility for 2 or 3 days and Caregiver D did not have background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
My Sweet Home
11312 Sw 203 Terrace
Miami, FL 33189
RE: CCR #2016005728

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was concluded 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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