STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	06/27/2016
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 Standard Biennial Survey was conducted on , 2016. My Sweet Home II (License # 10875) with Limited Nursing Services component had deficiencies identified at the time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility administrator's who administered another facility failed to appoint in writing a separate manager for each facility. Based on record review and interview the facility failed to provide a copy of the facility's manager high school diploma.

Findings included:

Review of the facility finder website revealed that the facility administrator also administered another facility.

On at 9:50 am the facility's Administrator stated: "My Manager is the same here as on my other facility; we are the Administrator and Manager for both. I thought that we needed a manager all the time. She already passed the Core so I will make an Administrator change; she will be the administrator for this one."

Personnel record review revealed that the facility manager (hired as manager on) did not have a copy of her high school diploma on her employee file.

On at 12:35 pm the facility Manager (caregiver) stated that she will ask her sister who lives in Colombia to send her the high school diploma.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for 1 out of 4 sampled employees (Staff D).

Findings included:

Review of personnel record of Staff D revealed that the last examination was dated and it was negative. The facility failed to provide evidence of a negative

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examination on an annual basis for Staff D.

The facility's Manager stated on at 1:00 pm that she will let Staff D know that she needs a new test.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
My Sweet Home Ii
214 Nw 120 Avenue
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 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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