STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	10/19/2016
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 Complaint Survey was conducted at My Sweet Home II on - . There was a deficiency found at the time of the survey. (Lic# 10875)

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have a qualified Administrator who passed CORE training and the competency exam within 90 days of employment.

Findings included:

Record review revealed the Administrator had twenty-six hours of CORE training dated . On that same date the Administrator took the CORE test and failed. The Administrator was hired on . At this time survey the facility failed to have a qualified Administrator.

Interviewed the Owner on - at 4:00 PM, she stated her daughter would be taking the CORE Test and would be the Administrator once passing the test.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
My Sweet Home Ii
214 Nw 120 Avenue
Miami, FL 33182
RE: CCR #2016011372

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 19, 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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