

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966724	(X3) DATE SURVEY COMPLETED R 01/17/2017
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 (CCR#2016011372) Revisit was conducted on 01/17, 2017. My Sweet Home II, Inc. (License # 10875) with Limited Nursing Services component had an uncorrected deficiency identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

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 that the facility had a new administrator since 01/17/2017 and that the administrator had not taken the CORE examination.

The facility owner stated on 01/17/2017 at 11:02 am that her daughter is the new administrator since 01/17/2017 and that she was supposed to register to take the Core test on 01/17/2017 but due to personal issues she was not able to register and the next appointment to take the test will be on 01/24/2017 and she had no registered.

On 01/17/2017 at 12:25 pm she called the office again to register her daughter for the test and she was able to register her for 01/24/2017.

Uncorrected Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on , 2017 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

