STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	**08/10/2017**
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 Limited Nursing Services Monitoring Survey was conducted on , 2017. My Sweet Home (License # 8528) with Limited Nursing Services component had deficiencies identified at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have evidence of a negative ( ) examination documented on an annual basis for the licensed practical nurse contracted by the facility to provide limited nursing services.

Findings included:

Record review of the licensed practical nurse contracted by the facility to provide limited nursing services revealed that the written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable expired on .

On at At 10:30 AM the Administrator stated, "I will tell her to get a new test."

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview the facility failed to contract a Registered Nurse (RN) to supervise the Licensed Practical Nurse (LPN) contracted by facility to provide limited nursing services.

Findings included:

Record review of the nurse contracted by the facility to provide Limited Nursing Services revealed that it was a LPN. A LPN requires a RN to supervise the LPN when performing assessments or caring for residents who receiving limited nursing services every month.

On at 10:32 AM the Administrator stated, "I did not know that I needed a registered nurse. I have one at the other facility."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943057	**08/10/2017**
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)

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to keep a copy of the eligibility results of the employee screening and the signed attestation form in the employee's personnel file.

Findings included:

Record review of the licensed practical nurse contracted by the facility revealed that the copy of the results of the eligibility was not available for review; however a review of the clearinghouse database revealed that she had an eligible result on . . . . . .

On . . . . . at 10:35 AM the administrator stated, "I will print the background results."

Unclassified