| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967861** | **11/15/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**DULCE HOME ALF CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4001 SW 102 COURT**<br>**MIAMI, FL 33165** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Complaint Survey (CCR#2017010945) was conducted on . Dulce Home ALF Corp with Limited Mental Health component license # 11847 had the following deficiencies found at the time of the survey:

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on record review and interview the facility failed to ensure that one out of six sampled residents had a face-to-face medical examination within 30 days of admission (Resident # 1).

Findings included:

Review of the admission /discharge log and the resident record revealed that Resident # 1 was not listed on the log, but according to the contract she had been admitted on .

Review of Resident # 1's record revealed that there was no health assessment completed.

On at 10:00 AM Caregiver B stated that she did not know why the doctor had not given the facility the health assessment of this resident, but she was going to speak to the administrator about this.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on observation, record review and interview, the facility failed to ensure that one out of four sampled employees had received several required trainings prior to providing any personal/direct care to residents (Staff D).

Findings included:

Employee record review revealed that Staff D was hired on as a caregiver. There was no documentation that the employee had received control, ADL's, Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , , , , , Nutritional & Safe Food Handling training.

On at 12:00 PM, Staff D stated that all training certificates were given to the administrator.

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Class III

**0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC**

Based on record review and interview, the facility failed to provide documentation of a surety bond with minimum bond proceeds that equaled twice the value of the residents' monthly income for two out of six sampled residents (Residents #2 and #3) .

Findings included:

A review of the facility records revealed that there was no documentation reflecting that any surety bond was in place.

A review of the records for Residents # 2 and #3 showed that the facility was receiving the residents' incomes directly into the facility's bank account, and then gave the residents the $54 remaining balance after the rent was paid.

On at 11:50 AM, Caregivers B and D stated that they did not know what a surety bond was, but they were going to inform to the administrator that none was in place.

Class III

**0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC**

Based on observations, record review, and interview the facility failed to provide documentation of current liability insurance.

Findings included:

On at 6:55 AM during the tour observed that the liability insurance was posted, dated .

On at 7:10 AM Staff B stated that she did not know about why the insurance was expired, because the administrator was the person in charge of doing that, but he was doing something personal and he could not come to the facility.

Class III

**0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC**

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Based on observation and interview the facility failed to provide a safe living environment, free of hazards, for six out of six residents.

Findings Included:

On at 6:55 AM during the initial tour of the facility, observed that # , the closet door was broken and was leaning against the wall. A photograph of the evidence presented is in the survey file.

On at 6:55 AM, Staff B stated that the closet door down the night before because the resident living in that , it out very hard, and that a person was going to come to the facility to fix it.

Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on record review and interview the facility failed to have an up-to-date admission and discharge log.

Findings included:

A review of the admission and discharge log revealed that Resident #1 (admitted ) was not listed.

On at 11:00 AM, Staff B stated she did not know why the admission and discharge records were not up-to-date because the administrator came to the facility every day, and he was supposed to list the residents on the log.

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record review and interview the facility failed to have a Power of Attorney (POA), Surrogate or Guardianship documentation in their charts for two out of six (#1 and #6) sampled residents.

Findings included:

Record review showed that Resident #1 was admitted on , the contract was signed and dated by resident's daughter and Resident #6 was admitted on , the contract was signed and dated by

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SUMMARY STATEMENT OF DEFICIENCIES
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resident's son.

On at 11:00 AM during an interview with Staff B she stated that she thought that the family members could sign the contract without a POA but she was going to inform the administrator to get them as soon as possible.

Class III

**0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC**

Based on observation, interview and record review, the facility failed to implement its emergency response plan during a hurricane. Residents were left in a home that was over 91 degrees until the facility was asked by regulatory staff to evacuate them.

Findings:

On at 1:43 pm, observed that the facility's thermostat read 91 degrees. A review of a cellular telephone weather application showed that the outside temperature was 85 degrees. The facility was assisted to move five of five sampled residents (#1-5) to locations that had electricity.

On at 2:05 pm, the Administrator stated that he didn't know where the emergency plan was, and did not provide documentation that it had been approved or implemented.

On at 12:10 pm, Staff B and D stated that they did not know too much about what steps to follow after the hurricane, nor did the administrator. They further stated that they needed a new training about the emergency plan, but they had not done this training.

Class III

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**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to ensure that three out of six sampled staff were registered and/or removed on the facility's roster in the Background Screening Clearinghouse Database (Staff D, E and F).

Findings included:

A review of the Background Screening Clearinghouse database revealed that the facility did have on the Staff E as working in the facility but she stopped working on and staff F as working in the facility but she stopped working on ; but during the survey staff D was working and was hired on as caregiver and was not registered on the clearing house.

On at 9:40 AM the administrator stated he thought that the consultant had removed Staff E from the roster.

Unclassified