

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966724	(X3) DATE SURVEY COMPLETED 05/08/2018
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 _____, 2018. My Sweet Home II (License # 10875) had deficiencies identified at the time of the survey: 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview the facility failed to ensure that staff that provides assistance with self-administered medications and had successfully completed, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 1 out of 6 sampled Staff (B). Findings included: Review of the personnel record of Staff B revealed that the she had a 4 hours training in assistance with self-administration of medications on _____ and 2 hours on _____. On _____ at 2:30 AM Staff B stated, "I cannot believe it expired 3 days ago." Class III		

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to ensure that a staff that had a break -in-service of more than 90 days had a new screening before starting to work for 1 out of 6 sampled staff (Staff D).

Findings included:

Review of the personnel record of Staff D revealed that she was hired on . Review of the application revealed that she worked at another ALF from to .

On at 1:15 PM Staff C stated Staff D did not work at any other place that required a level 2 background screening.

Unclassified