STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **SUANY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **20411 SW 116 ROAD** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Suany's Home (license #10173)with limited mental health component had the following 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 annual basis for 1 out of 4 (Staff C) Staff.

Findings as follow:

Record review showed the last ( ) statement for Staff C hired on 11/ was dated .

On at 1:00 PM the Administrator stated would send Staff C to do the test as soon as possible.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

During facility tour on at 9:00 AM observed the staffing schedule posted was not up-to-dated.

Record review showed the facility did not have a staffing schedule showing the minimum staffing hours for the week of till .

On the facility owner revealed they facility did not have a schedule for the present week, available for review.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a surety bond when the facility acted as a representative payee for 1 out of 6 (Resident #3) residents.

Findings as follow:

On at 12:12 PM the facility owner stated the social security check of Resident #3 was received in the facility under the facility's name. The facility served as the representative payee for the resident.

Record review showed the facility did not have a surety bond for review.

Class III

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

Based on record review and interview the facility failed to have an accurate admission and discharge record.

Findings as follow:

Resident # 6's record review showed he had a contract executed between him and the facility dated . Review of the admission and discharge record showed Resident #6 was not listed in the log.

On the facility's owner stated Resident #6 was not in the admission and discharge log because the resident was recently admitted.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have a copy of the employment application, with references for 1 out of 4 (Staff A) Staff.

Findings as follow:

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NAME OF PROVIDER OR SUPPLIER **SUANY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **20411 SW 116 ROAD** **MIAMI, FL 33189**	

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

Record review showed Staff A did not have an application for employment available for review.

On . . . . . at 1:00 PM Staff A stated had not realized his record had no the application for employment.

Class III

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

Based on record review and interview the facility failed to appoint a health care surrogate, health care proxy, guardian, or a power of attorney for 1 out of 6 (Resident #6) facility residents.

Findings as follow:

Record review showed Resident #6's contract executed on . was signed for a resident's family member. Further record review showed the facility did not have a power of attorney for Resident #6.

On . . . . . at 11:50 AM the owner stated the facility will request the power of attorney from Resident #6's mother.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **SUANY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **20411 SW 116 ROAD** **MIAMI, FL 33189**	

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

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings as follow:

On at 11:55 AM the owner stated Staff E is not working in facility anymore.

The background screening's clearinghouse database review showed the facility failed to have an accurate roster, Staff E was listed as an active employee.

Unclassified

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

Based on record review and interview the facility failed to have a background screening for 1 out of 4 (Staff C) staff who had a break in service of more than 90 days.

Findings as follow:

The background screening database review and record review showed Staff C's Level 2 background screening was dated . Further record review showed Staff C was hired on .

On at 11:15 AM Staff C stated she did not work in another ALF or another place requiring the level 2 background screening after , till she was hired in the ALF. She stated on that time she worked taking care of an elderly in her home.

Unclassified