

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967256	(X3) DATE SURVEY COMPLETED 05/03/2018
NAME OF PROVIDER OR SUPPLIER SUBLIME ATARDECER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20630 NW 37 CT MIAMI, FL 33055	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial survey conducted on Sublime Atardecer Inc. (license #11299) with Limited Mental Health component had deficiencies identified at the time of survey: 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on observation, record review, and interview the facility failed to ensure that the initial 4 hours of training on providing assistance with self-administered medications and safe medication practices in an ALF was completed for one of five sampled staff (B). Findings included: Observations on from 12:00 pm-2:00 pm revealed that Staff B assisted Residents #1 and #2 with self-administration of medications. Record review revealed the last training (2 hours) received to assist with self-administration of medication for Staff B (hired) was on The facility failed to have initial 4 hours of training on file for Staff B. Interview on at 1:00 pm Staff A acknowledged that Staff B needed the initial 4 hours training on providing assistance with self-administration of medications. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on observation, record review and interview the facility failed to have training on Nutrition and Food Services annually for one of six sampled staff (B). Findings included: Observation on at 12:00 pm found Staff B (hired) cooking and preparing lunch for the residents (1-6). Record review revealed Staff B had a Nutrition and Food Service training on -		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Interview on at 2:30 pm Staff A acknowledged that Staff B did not have the Nutrition and Food Service training. Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on observation, record review, and interview the facility failed to have an update surety bond for three of six sampled Residents (#1, 3, and 4). Findings included: Interview on at 2:20 pm Staff A stated, "I am payee for residents 1, 2 and 4. I received \$750.00 monthly for each resident. I have to renew the surety bond." Observation on at 10:00 am revealed the facility had a surety bond posted on board for \$5,000.00; however, it expired on Observation on at 2:10 pm revealed that Staff A searched through facility administration book, and she did not find an update surety bond. Class III		