

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967861	(X3) DATE SURVEY COMPLETED R 08/20/2018
NAME OF PROVIDER OR SUPPLIER DULCE HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 SW 102 COURT MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial 2nd Revisit Survey was conducted on 08/20/2018. Dulce Home ALF Corp. with Limited Mental Health Component, license # 11847, had deficiencies at the time of the survey: D160 - Records - Facility - 58A-5.024(1) FAC Based on observation, record review, and interview, the facility failed to have proof of a satisfactory annual fire inspection. Findings included: Record review showed that the most recent fire inspection done on _____ had one deficiency. On _____ at 10:15 AM, the Administrator stated that the facility had a current fire inspection but the document was not available. Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview, the facility failed to ensure the staff received a minimum of 3 hours of continuing education biennially in Limited Mental Health (LMH) training for one of three sampled staff (Staff B). Findings included: A review of the personnel files showed no documentation that Staff B received a minimum of three hours of continuing education in LMH training. The last training in file was dated _____. On _____ at 10:40 AM, Staff B stated that she received the in-service training but she was unable to provide documentation of it. Uncorrected Class III		

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