STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **BELEN SWEET HOME ALF II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11825 SW 206 STREET** **MIAMI, FL 33177**	

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

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to accurately document assistance with self-administration of medication for 1 of 4 Sampled Residents (Resident #4). The facility pre-signed the Medication Observation Record MOR) prior to the time written orders dictated the medication should be given.

Findings:

A review of Resident #4's MOR showed that it had been signed before 10:15 AM, indicating that 8% Solution had been given. Further review showed that this medication was scheduled to be applied at 5:00PM daily. (Photographic Evidence Obtained)

On at 9:50 AM, Resident #4 stated she received her medications daily from the facility, but was not sure what medication she was given.

On at 12:49PM, the Administrator stated the MOR was signed accidentally. She stated that the medication had not been given to the resident prior to the ordered time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have documented evidence of negative examinations for 2 of 3 staff members (Administrator and Staff A).

Findings:
Personnel record review revealed no documentation of current, negative screenings for the Administrator and Staff A. The last negative test result for the Administrator was dated and Staff A's was dated .

On at 12:35 pm, the Administrator stated she and Staff A did not have updated screenings, because she did not realize the screenings on file had expired.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **BELEN SWEET HOME ALF II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11825 SW 206 STREET** **MIAMI, FL 33177**	

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

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility failed to provide documentation of resident rights training within 30 days of employment for 1 of 3 sampled staff members (Staff B).

Findings:

Personnel record review revealed no documentation that Staff B (hired on . . . . .) completed resident rights training.

On . . . . . at 12:30PM, the Administrator stated Staff B had not received resident rights training.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to maintain the required amount of fuel onsite to maintain temperatures at or below 81 degrees for 48 hours in the event of the loss of primary electrical power.

Findings:

On . . . . . at 12:50PM, observed that the facility had a generator onsite and small amount of fuel.

On . . . . . at 12:50PM, the Administrator stated that only six gallons of fuel were stored onsite and that the required amount of fuel would be purchased and brought to the facility in the event of an emergency. She reported she did not know how much fuel the generator would need or how long the fuel would last.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	**10/16/2018**
NAME OF PROVIDER OR SUPPLIER **BELEN SWEET HOME ALF II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11825 SW 206 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/19/2018. Belen Sweet Home ALF, license #11532, with a Limited Mental Health component, had the following deficiencies identified at the time of survey: