| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964534** | **12/12/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**DULCE HOGAR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**120 NW 26 AVENUE**<br>**MIAMI, FL 33125** | |

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 update the employment status of all employees within the Background Screening Clearinghouse for one out seven (Staff F) sampled staff.

Findings included:

Review of the Background Screening Clearinghouse revealed that the facility's employee roster was not up to date; Staff F was listed.

Interviewed on at 10:06 PM, Staff B stated that Staff F had not worked at the facility for two months.

Unclassified

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)**

Based record review and interview, the facility failed to maintain a signed attestation of compliance form in the personnel record for two out of five (Staff C and D) sampled staff.

Findings included:

Personnel files review showed no attestation of compliance for Staff C and D.

Interviewed on at 1:30 PM, Staff B confirmed that Staff C, and D did not have the attestation of compliance form in their files.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Dulce Hogar, with a Limited Mental Health component, had deficiencies at the time of the survey:

**0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC**

Based on record review, and interview, the facility failed to discharge a residents that no longer met continued residency criteria for one out of five (Resident #4) sampled residents.

Findings included:

Review of Resident #4 record showed he was admitted to the facility on and was diagnosed with type 2, , , and , . The health assessment done on document that she required assistance with the activities of daily living.

Interview conducted on at 1:45 PM, Staff B confirmed that Resident #4 was unable to assist with her own transfer.

Class III

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

Based on record review, and interview, the facility failed to provide documentation of the minimum 2 hours required pre-service orientation for two out of five (Staff C and D) sampled staff. The facility failed to provide documentation of the minimum 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents for one out of five (Staff B) sampled staff.

Findings included:

Observation on at 9:30 AM showed Staff B, C and D assisting residents with their activities of daily living.

Review of Staff B's record showed that there was no documentation of the minimum 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. Staff B was hired on .

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of Staff C's and D's records showed that there was no documentation of the minimum 2 hours required pre-service orientation. Staff C was hired on and D was hired on .

Interviewed on at 1:30 PM, Staff B confirmed that she did not received control training and Staff C and D did not received 2 hours of pre-service orientation.

Class III

**0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC**

Based on record review, and interview, the facility failed to provide documentation that one out of five sampled staff received training in nutrition and food service (Staff E) .

Findings as follow:

Record review of Staff E did not have documentation that they received training in nutrition and food service. Staff E was hired on .

Interview conducted on at 1:30 PM, Staff B stated that Staff E did not receive training in nutrition and food service.

Class III

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

Based on observation, record review, and interview, the facility failed to provide documentation of a satisfactory annual fire inspection. The facility also failed to have an up-to-date admission and discharge record.

Findings include:

Review of facility record showed a fire inspection dated had two violations.

Review of the admission and discharge log showed Residents #5, #7 and #9 were not on the record. Resident #5 was admitted on , Resident #7 was admitted on and Resident #9 was admitted on .

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Interviewed on [redacted] at 1:30 PM, Staff B confirmed that the facility did not have a satisfactory fire inspection and Resident #5, #7 and #9 were not admitted on the record.

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 completed employment application with references for one out of five (Staff C and D) sampled staff.

Findings as follow:

Staff record review showed the facility did not have a completed employment application with references for Staff C and D. Staff C was hired on [redacted] and Staff D was hired on [redacted].

Interview conducted on [redacted] at 1:30 PM, Staff B confirmed that Staff C's and D's record did not have an application for employment.

Class III

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

Based on record review and interview the facility failed to have a consent for unlicensed staff to assist with self-administration of medications for two out of eleven sampled residents (Resident #7 and #9). The facility failed to record [redacted] at admissions for two out of eleven sampled residents (Resident #7 and #9).

Findings included:

Record review of Resident #7's and #9's showed no consent for unlicensed staff to assist with self-administration of medications and did not contain documentation of their [redacted] at the time of admission.

Medication Observation Record review showed that the facility assisted Resident #7 and #9 with their medications.

Interviewed on [redacted] at 1:30 PM, Staff B confirmed that they assisted Resident #7 and #9 with their

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SUMMARY STATEMENT OF DEFICIENCIES
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medications and that their were not recorded at time of admission.

Class III

**0163 - Records - Resident, Penalties for Alteration - 429.49 FS**

Based on record review, and interview, it was determined the facility falsified employee records for one of five (Staff E) sampled staff.

Findings included:

Facility survey was conducted on .
Staff record review showed that Staff B received HIPPA (Health Insurance Portability and Accountability Act) & Privacy Training on , Control/ OSHA on , on , Personal Care & Hygiene on , on , and Safe Food Handling on .

Interview conducted on at 1:30 PM, Staff B stated "That was a mistake. I received the training yesterday."

Class III

**0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS**

Based on record review, and interview, the facility failed to provide documentation of a resident contract for three of eleven (Resident #5, #7 and #9) sampled residents.

Findings include:

Record review showed that for Resident #5 admitted on , Resident #7 admitted on and Resident #9 admitted on there was no documentation of the contract with the residents.

Interviewed on at 1:30 PM, Staff B stated that in-fact, the facility had not executed and entered into a contract with Resident #5, #7 and #9.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC**

Based on record review, and interview, the facility failed to ensure that one out of five sampled staff received the initial limited mental health (LMH) training within 6 months of employment for ( Staff E).

Findings included:

A review of Staff E's file showed no documentation that the staff received initial Limited Mental Health (LMH) training. Staff E was hired on .

Interviewed on at 1:30 PM, Staff B confirmed that Staff E did not receive LMH training.

Class III