STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964534	R 03/20/2019
NAME OF PROVIDER OR SUPPLIER **DULCE HOGAR**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 NW 26 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/20/2019. Dulce Hogar with Limited Mental Health service component had deficiencies at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, interview and record review, the facility failed to obtain a written physician's order for the use of a half bed rail for one of ten sampled residents (Resident #10).

Findings:

Observed on at 9:30 am that Resident #10 had two half bed rails attached on the same side of her bed, forming a full bed rail.

Record review showed there was a physician's order for the use of the half bed rails dated .

On at 1:00 pm, Staff B acknowledged the findings and stated "We are going to remove one half bed rail."

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure one out of six sampled staff completed mandatory / training (Staff F) .

Findings Include:

Staff record review showed there was no documentation that Staff F completed / training within 30 days of employment. Staff F was hired on .

On at 1:00 PM, Staff B stated Staff F did not have / training on file as required. She stated should would make sure staff took the training.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

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

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

Findings included:

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

On at 1:00 PM, Staff B confirmed that Staff E did not receive LMH training.

Uncorrected
Class III

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

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

Based on record review and interview, the facility failed to ensure that a new hired staff who had a break in service of more than 90 days in a position that required screening by a specified agency submitted a new eligible level II background screening prior to starting work for one out of six sampled staff (Staff F).

Findings included:

Review of Staff F's record showed that she was hired on . Her level II background screening was completed on . Her record did not have documentation of verification of employment or references.

Background Screening Clearinghouse database review showed Staff F's prior employment ended on .

On at 1:00 PM, Staff B stated that she will verify the prior employment of Staff F.

Unclassified