STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966724	R **05/06/2019**
NAME OF PROVIDER OR SUPPLIER **MY SWEET HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **214 NW 120 AVENUE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A revisit to a complaint (2019000753) survey was conducted at My Sweet Home II on . . . . . The provider had the following deficiencies identified at the time of the visit:

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on observation, record review, and interview the facility failed to have one out of six sampled residents examined by medical personnel within 60 days before or 30 days after placement in the facility (Resident #1).

Findings as follow:

On at 8:30 AM Resident #1 was observed in facility.

Record review showed Resident #1 admitted on health assessment available for review was dated . . . . . .

On . . . . . at 11:16 AM the Administrator stated would call the doctor to have a new assessment for Resident #1.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 8:30 AM Staff A, B, and C were observed in facility with a census of 6 residents.

Record review showed the facility had no staffing schedule for , (2019) available for review.

On at 8:40 AM the Administrator stated the consultant failed to give her the schedule for , . . .

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

Class III
Uncorrected