Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967484	A. BUILDING: _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEETEST HOME INC	482 NW 26TH AVENUE MIAMI, FL 33125

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2021010648) was conducted at Sweetest Home Inc. (The) on to . Deficiencies were identified at the time of the visit.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain general awareness of one out of 11 sampled residents' whereabouts (Resident # 11). Resident # 11 eloped from the facility on and whereabouts unknown. Findings Included: Review of Resident #11 1823 health assessment (undated) showed resident had diagnoses and medical history of , and . The /Behavioral Status section showed . Resident needed minimal assistance	A 025		

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A 025	Continued From page 2 with ambulation, assistance with bathing, ,, eating, self-care, toileting, and transfers. Nursing/treatment/ , , , service requirements section showed, "Home Health Aide (HHA) for assistance with activities of daily living (ADL's); RN for management and vital sign monitoring. The elopement risk boxed was checked no. On at 8:32 AM Staff B, caregiver who was working at the time when Resident#11 eloped stated, "I have been working in the facility for over three months. I was working in the facility last Saturday ( ) with the administrator and the cook when Resident #11 eloped. I was bathing a resident at around 11:00 AM when the administrator came and asked me if I had seen Resident #11 and we started looking for him in the whole facility. The administrator went in her car and look for him around the facility and streets." On at 8:39 AM the administrator stated that she was working in the facility when Resident #11 eloped. Resident #11 was admitted on Thursday , , , at night, and he was staying in alone. "On Saturday ( ) I was working as normal he ate breakfast and measured himself the sugar level; after that he told me that he had to go to work. He sat down in the living room to watch the Olympics. After a few minutes Resident #11 went to the patio to smoke with Resident #5. Apparently when Resident #5 went inside Resident #11 opened the fence and walked away." On at 9:14 AM Resident #5 who was the last one to see Resident #11 stated that he had been living in the facility for over three months. He further stated, "on Saturday ( ) I was	A 025		

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A 025	Continued From page 3 sitting on the patio smoking when Resident #11 came and started talking to me asking how close the main intersection is, I told him, and he told me that this place was not for him and that he wanted to leave. I went to my room and a few minutes later he left the facility. The door of the gate was unlocked, I think the door was left unlocked only with a chain by the person who came to cut the grass the day before." On . . . . . at 10:20 AM, the agency representative and the Owner reviewed the video from Saturday . . . . . , from 10:40 AM to 10:50 AM, at 10:44 AM the video showed Resident #11 opened the sliding door from the kitchen, walked to the gate, stood by the gate for a few minutes by himself, during that time no staff was observed near or supervising residents, then resident took off the chain and walked away from the facility. On at 11:37 AM during a second interview, the administrator stated, "the resident eloped at 10:45 AM and around 11:00 AM I realized that he was not in the facility, and I looked for him in the facility and then I went around the facility in my car looking for him. I came to the facility at 11:15 AM and I called 911. I do not have a police report number." On . . . . . at 12:00 PM during a telephone interview with the social worker of Resident #11, stated that she did not know that the resident had eloped from the facility. She continued saying that she told the facility that the resident was an elopement risk because he left his house a week before. She did not know why they had not informed her before. The social worker stated, "The reason why he was placed in an ALF was because he needed supervision all the time and	A 025		

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A 025	Continued From page 4 the administrator told her not to worry because the facility always had two staff working and on top of that they had cameras and the gates secured all the time." Review of Resident # 11's hospital records dated showed, Patient is an with a past medical history significant for , and ( ) who presently at the hospital after being found by police . On at 8:51 AM on a phone interview with the stepdaughter of Resident #11 she stated her stepfather was admitted from the local hospital to the facility on . She stated, "The facility informed us on Saturday (,) that he had eloped and until now we have not found him. He had eloped from our house a few times and the last time that he eloped was and he was found by the police on the same day, and he was taken to the local hospital. He usually eloped because he thinks that he goes to work. The reason why we placed him in the facility was because we wanted him to be in a safe place and that facility was recommended by other people." Review of the facility elopement policies and procedures(undated) showed, "Elopement", refers to an unauthorized absence of a resident from the facility. The risk of and elopement increases when residents are mobile and , especially if they suffer from or . As per policies and procedures, the residents are assessed for risk of and elopement at the time of admission and as needed.	A 025		

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A 025	Continued From page 5 Review of the facility elopement policies and procedure showed residents risk of elopement increases when residents are mobile, suffer with or . Review of Resident #11 record showed he was mobile and diagnosis included and 's and no documentation resident was identified as an elopement risk or preventive measures was put in place. Class II	A 025		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to arrange health care services for one of 11 sampled residents, (Resident 11). The resident did not receive prescribed for more than 24 hours.	A 027		

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A 027	Continued From page 6 Findings included: Review of facility record showed that Resident #11 was admitted on . . . . . and eloped from the facility on , , . A review of the 1823 health assessment (undated) showed Resident #11 was diagnosed with , Acute Injury (AKI) , ... , and , , ... The resident needed assistance with ambulation, bathing, ..., eating, self-care, toileting and transferring. The resident needed assistance with self-administration of medications, except for his injections, for which he needed medication administration. Review of the medication observation record showed Resident #11 was prescribed , 10 mg daily at bedtime, . . as part , - (. Mix . . . . . suspension) 15 Units twice a day (before meals), , 2.5 mg every day, . . , ... 40 mg every day and . . . . . 0.4 mg every day. A review of the medication observation record showed that Resident #11 did not receive . . on or on . According to the American Association, without . . . , your body will break down its own fat and . . . , resulting in . loss. This can lead to a serious short-term condition called . This is when the bloodstream becomes acidic, you develop dangerous levels of ketones in your stream and become severely	A 027		

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A 027	Continued From page 7 On at 3:24 PM the Administrator stated that she had picked up all the medication for the resident on Friday, , and she was going to make the necessary arrangements for the resident to receive the home health services on the following Monday. She stated she never got a chance because resident eloped on , but on Saturday in the morning, the resident measured himself the sugar level; it was 90. She stated, "I am as well and I know that he did not need ." Review of Resident #11 record found no documentation for the of and self-test order. There was no documentation that Resident #11 had tested his own level. Review of the Pharmacy record for Resident #11 showed the prescription that stated, Mix suspension 15 units before meals. Medication was delivered to the facility on . Further review of Resident #11 record found no documentation of arrangements for a home health provider to come and administer Resident #11's . On at 11:25 AM during a telephone interview the Administrator stated, "I am not a doctor or a nurse. I just know, based on me, that the sugar level of 90; I do not need . That is why I said that resident #11 did not need ." Class III	A 027		

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A 079	Continued From page 8	A 079		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 6-15 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there	A 079		

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A 079	Continued From page 9 must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in	A 079		

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A 079	Continued From page 10 meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the	A 079		

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A 079	Continued From page 11 minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule. Findings included: On at 8:10 AM observed Staff B and C were in the facility assisting residents. A review of the staff schedule showed Staff B and D were scheduled to work from 7:00 AM-7:00	A 079		

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A 079	Continued From page 12 PM, and Staff E was scheduled from 7:00 PM-7:00 AM. On at 10:30 AM the administrator stated that staff E stopped working at the facility since for personal issues and she had forgot to update the staffing work schedule . Class III	A 079		
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced	A 165		

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A 165	Continued From page 13 directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The	A 165		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 165	Continued From page 14 agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.	A 165		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967484	A. BUILDING: _____ B. WING _____	08/05/2021

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A 165	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit an adverse incident report within one business day of the incident to the Agency for Healthcare Administration (AHCA) for one out of 11 sampled residents (Residents # 11). Resident # 11 eloped from the facility and whereabouts unknown; law enforcement was notified. Findings Include: Review of Resident #11 record showed he was admitted to the facility on , and he eloped on . A review of the Adverse Incident Reporting System database showed no documentation the facility filed a one day report regarding the elopement of Resident #11. On at 9:01 AM the administrator stated, "I could not do the incident report on Saturday or Sunday because I have been working day and night. I was going to do the incident report today in the morning. Class III	A 165		