

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967861	(X3) DATE SURVEY COMPLETED R 06/28/2018
NAME OF PROVIDER OR SUPPLIER DULCE HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 SW 102 COURT MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit Survey was conducted on 06/28/2018. Dulce Home ALF Corp. with Limited Mental Health Component and license # 11847, had a deficiency at the time of the survey. L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview, the facility failed to ensure that one out of four sampled staff in direct contact with the residents received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within six months of being hired (Staff C) and one out of four staff received a minimum of 3 hours of continuing education biennially in Limited Mental Health (LMH) training (Staff D). Findings included: A review of the personnel files on _____ revealed no documentation showing that Staff C, hired on _____, received a minimum of six hours in LMH training or that Staff D, hired on _____, received a minimum of three hours of continuing education in LMH training. During an interview on _____ at 11:33 AM, the Administrator stated "the reason why the document is not there yet is because the Spanish course was postponed. The day they went to take the course it was in English. We have the document with the payment." Uncorrected Class III		