STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967059	09/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Home At Last	1580 Drayton Ave Deltona, FL 32725	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey was conducted on , 2013 and , 2013. Sweet Home at Last had licensure deficiencies found at the time of the visit.

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

Based on record review and staff interview, the facility failed to have a completed health assessment (1823) for 1 of 3 sampled residents, Resident #3.

The findings include:

Resident #3 was admitted on and had a health assessment (1823) completed the same day. The health asessment was missing page 2 that described the type of assistance needed with activities of daily living. The Administrator on at 1 p.m also looked through the clinical record and stated the 2nd page was missing and she would have to obtain another one.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to have documentation of free of communicable for 2 of 3 sampled employees, Employees A & B.

The findings include:

Employee A was hired on as a certified nursing assistant. Her employee record did not have a freedom from communicable statement in it.

Employee B was hired on and was a licensed practical nurse. She did not have a freedom from communicable statement in her employee record.

The Administrator on at 2:43 p.m. confirmed the employee records did not have a freedom from communicable statements.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967059	09/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Home At Last	1580 Drayton Ave Deltona, FL 32725	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to have training for 2 of 3 sampled employees, Employees A & B.

The findings include:

Employee A was hired on as a certified nursing assistant. Her employee record did not have documentation of training.

Employee B was hired on and was a licensed practical nurse. She did not have documentation of training.

The Administrator on at 2:43 p.m. confirmed the employee records did not have documentation of the completion of training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sweet Home At Last
1580 Drayton Avenue
Deltona, FL 32725

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

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