STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	

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

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= A
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= A
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR #2013011684) was conducted on - at Sweet Care Home ALF, Inc. At the time of the survey, deficiencies were identified.

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

Based on record review and interview the assisted living facility failed to ensure that 1 out of 2 (resident #1) sampled residents had a completed face-to-face medical examination documentation the the AHCA Form 1823.

Findings Include:

1) Record review of resident #1's file revealed a health assessment {AHCA Form 1823} that was not completed {blank}. Record review revealed all paperwork completed in resident #1's file was not dated. Record review revealed the file did not document resident #1's admission date.

2) In an interview with the administrator on at approximately 12:40 PM, he stated resident #1 was admitted to the facility on .

In an interview with resident #1's sister-in-law on at approximately 12:46 PM, she stated resident #1 was admitted to the facility in but could not recall the date.

In an interview with the administrator on at approximately 12:51 PM, he acknowledged that resident #1 did not have a completed health assessment and stated he has an HMO with Leon Medical Center and called them to tell them resident #1 needed a health assessment. He stated resident #1 went there twice a week for two weeks and he asked for it but they never gave it to him. He stated then resident #1's son changed his HMO doctor.

In an interview with the son of resident #1 on at approximately 1:32 PM, he stated his father, resident #1, was admitted to the facility in the beginning on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the assisted living facility failed to have a written record, updated as needed, of any significant changes for 1 out of 2 (resident #1) current residents.

Findings Include:

1) Record review of resident #1's file lacked any documentation of any significant changes for resident #1. Record review revealed the progress notes page in resident #1's file was not completed {blank}.

2) In an interview with staff A on at approximately 12:09 PM, she stated resident #1 is currently in the hospital. She stated he has been there for about a week. She stated he is there because he and broke his . She stated he when trying to get up and go to the . She stated she was in the kitchen and heard him and when she came into the found him on the ground. She stated she called the administrator who called 911 immediately.

In an interview with the administrator on at approximately 12:34 PM, he stated resident #1 and he called the ambulance and he sent him to the hospital. He stated that he has and got up from the bed and .

In an interview with the administrator on at approximately 12:40 PM, he stated resident #1 was transferred to the hospital on - . He stated he did not write anything down about the incident. He stated he would have written it down when resident #1 returned. He stated he did not write anything down but he was able to tell the dates from his MOR {Medication Observation Record}.

In an interview with resident #1's sister-in-law on at approximately 12:46 PM, she stated she found out that he at the hospital. She stated the hospital informed her that he twice at the facility. She stated the hospital told her resident #1 had a broken .

In an interview with the son of resident #1 on at approximately 1:32 PM, he stated his father, resident #1, was sent to the hospital last week because he at the facility and broke his .

Class III

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

Based on observation, record review, and interview the assisted living facility failed to ensure 1 out of 2 (resident #1) sampled residents lived in a safe and decent environment and treated with consideration, respect, and the need for privacy. Photographic evidence obtained.

Findings Include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	

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

1) Observations on at approximately 12:09 PM found a small the back corner of the facility next to the dining . Observations found the smaller than a standard . Observations found one bed in the . Observations found folding doors which led to another resident . Observations found the cluttered with limited furniture due to the lack of space the . Observations found there was only one row of tiles between the edge of the bed and the portable commode.

Observations on at approximately 12:15 PM found a regular size was designated as an office with a cot folded up in the corner near the living .

Observations on at approximately 12:16 PM found the only the facility not located in a resident . Observations located between # and # .

Observations on - at approximately 12:17 PM found # had two beds. Observations found only one resident resided in the .

Observations on - at approximately 12:19 PM found two residents lying in bed in # . Observations found a in the .

2) Record review of the facility floor plan posted at the entrance of the facility revealed the #1 resided in was a laundry a closet.

3) In an interview with staff A on at approximately 12:09 PM, she stated resident #1 resided in the small the back corner of the facility.

In an interview with resident #2 on at approximately 12:18 PM, she stated resident #1 resided in the back to the dining . She stated staff A used to sleep in that . She stated staff A now sleeps in the office. She stated resident #1 wanted his own . She stated his family requested that he have a single . She stated the between # and # was the ladies . She stated the men had to use the #.

In an interview with the sister-in-law of resident #1 on at approximately 12:46 PM, she stated they never liked the #1 was living in. She stated she thought it was like a closet.

In an interview with the administrator on at approximately 12:51 PM, he stated resident #1's son wanted resident #1 in a private . He stated he did not offer him the is the office because it is the office.

In an interview with the son of resident #1 on at approximately 1:32 PM, he stated if the which the office is located was offered to his father he would have much rather his father, resident #1, reside in that . He stated he wanted his father to have his privacy and the small the only . He stated he did not have a choice because he wanted to have his father in a facility in south Miami. He stated he was not sure if the size of the to his father's . He stated when his father comes back from the hospital he will ask the facility to put him in a a .

In an interview with the administrator on at approximately 5:28 PM, he stated he spoke with resident #1's son and when resident #1 returns to the facility, he will put him in a another resident.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the assisted living facility failed to ensure that a medication observation record {MOR} was properly maintained for 1 out of 2 (resident #1) current residents. The facility failed to have ensure the residents' MOR had all the necessary components.

Findings Include:

1) Record review of resident #1's MOR for 2013 revealed the following components were missing; the name of the resident, any known , the resident's health care provider, and the health care provider's telephone number. Record review revealed the facility did not have a MOR for resident #1 from 2013.

2) In an interview with the administrator on at approximately 12:40 PM, he stated resident #1 was admitted to the facility on .

In an interview with the administrator on at approximately 12:44 PM, he confirmed that the MOR in question belonged to resident #1.

In an interview with the administrator on at approximately 12:51 PM, he acknowledged that the MOR did have contain all the required components and stated he gave the 2013 MOR to the hospital and did not keep a copy.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

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

Findings Include:

1) Observations on at approximately 12:00 PM found only staff A in the facility upon entrance.

Observations on at approximately 12:33 PM found the administrator entered the facility {after notification that the facility was being inspected}.

2) Record review of the facility's schedule for 2013 revealed the administrator was scheduled to be at the facility from 7 AM to 7 PM.

3) In an interview with resident #2 on at approximately 12:21 PM, she stated staff A is the only staff that works at the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	

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

In an interview with staff A on at approximately 12:23 PM, she stated she is the only one that works at the facility. She stated she does not know if there is a schedule because she sleeps at the facility too.

In an interview with the administrator on at approximately 5:28 PM, he acknowledged the findings.

Class

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the assisted living facility failed to provide a safe living environment and failed to ensure the each resident the minimum furnishings. Photographic evidence obtained.

Findings Include:

1) Observations on at approximately 12:09 PM found a small the back corner of the facility next to the dining . Observations found the designed for resident use. Observations found the smaller than a standard . Observations found one bed in the . Observations found the cluttered with limited furniture due to the lack of space the . Observations found there was only one row of tiles between the edge of the bed and the portable commode. Observations found the missing a closet or wardrobe space for hanging clothes, a dresser or chest, and a table with a bedside lamp.

2) In an interview with staff A on at approximately 12:09 PM, she stated resident #1 resided in the small the back corner of the facility.

In an interview with resident #2 on at approximately 12:18 PM, she stated resident #1 resided in the back to the dining . She stated staff A used to sleep in that .

In an interview with the sister-in-law of resident #1 on at approximately 12:46 PM, she stated they never liked the #1 was living in. She stated she thought it was like a closet.

In an interview with the administrator on at approximately 5:28 PM, he acknowledged the findings and stated he spoke with resident #1's son and when resident #1 returns to the facility, he will put him in a different

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the assisted living facility failed to maintain an accurate admission and discharge log.

Findings Include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Care Home Alf, Inc	18260 Sw 153 Court Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1) Record review of the facility's admission and discharge log revealed it did not contain information on resident #1.

2) In an interview with the administrator on at approximately 12:40 PM, he stated resident #1 was admitted to the facility on . He stated resident #1 and was transferred to the hospital on .

In an interview with the administrator on at approximately 12:58 PM, he stated his consultant writes in his admission and discharge log. He stated he never wrote in it. He confirmed resident #1 was not in the log.

Class

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the assisted living facility failed to initiate a weight record on 1 out of 2 (resident #1) sampled residents upon admission.

Findings Include:

1) Record review of resident #1's file revealed resident #1 lacked a recorded weight upon admission. Record review of resident weight log found lacked an admission weight and was blank {not completed}.Record review revealed resident #1 did not have a completed health assessment {AHCA Form 1823}.

2) In an interview with the administrator on at approximately 12:40 PM, he stated resident #1 was admitted to the facility on .

In an interview with the administrator on at approximately 5:28 PM, he acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweet Care Home Alf, Inc
18260 Sw 153 Court
Miami, FL 33187

Re: CCR # 2013011684

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2013 by representative(s) 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 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(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121