STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	12/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Living Facility Inc	**15505 Sw 16 Lane Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013012962) was conducted at Sweet Living Facility, Inc. on . There were deficiencies found at the time of the inspection.

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 have a written order for half side rails on file for 1 of 7 sampled residents (resident #6).

The findings include:

1) Observation on at 6:20 am revealed there was a raised half bed rail on resident #6's bed.

2) Record review of resident #6 on at 9:00 am, revealed no doctor ' s order was on file for half bed side rails.

3) Interview with the administrator on at 9:05 am, revealed the resident is scheduled to see the doctor . She stated the resident was admitted . She stated will get the order .

Class III

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

Based on observation, interview, and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for 3 of 7 sampled residents (resident #2, resident #6, and resident #7).

Findings include:

1) Observation upon entry into the facility on at 6:15 am revealed there was one tablet of a medication on the dining at the time of entry. The pill was pink/orange and oval in shape. After looking through all of the residents' medications, the tablet observed on the table matched the appearance of resident #2's 20. The medication bingo was punched out through .

Review of the medication order for resident #2's revealed it was to be given in the afternoon.

Review of the MOR for resident #2 revealed the medication was initialed up through , in the

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morning. The MOR had 5:00 pm printed on it , but "AM" was hand written above it.

Interview with staff A on at 7:09 am revealed she indicated she saw the resident put the medication in her mouth.

Interview with the administrator on at the same time as staff #1 revealed she explained, if a resident refuses a medication, it should be noted on the MOR. She explained that she was not present, but staff #1 should have written an "R" and made notation on the back of the MOR to indicate the resident's refusal.

2) Observation of medication administration on at 7:45 am for residents #6 and 7 at the dining table, revealed that staff A did not sign the Medication Observation Record {MOR} immediately after assisting residents with administration of medications.

Observation of the Administrator on at 8:30 am revealed she was at the dining table signing off the Medication Observation Record {MOR} for residents# 6 and 7.

3) Record review of the Medication Observation Record {MOR} on at 8:00 am, revealed that staff A had not signed off on the MOR fifteen minutes after assisting residents with administration of medications.

4) Interview with staff A on at 8:05 am she revealed she got nervous and forgot to sign off on the medications on the Medication Observation Record {MOR}.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure mediations were stored appropriately as evidenced by a mediation being left out of its medication bingo on the dining . The mediation belonged to 1 of 7 sampled residents (resident #2) and had the potential to affect 7 of 7 residents who were observed ambulating in the vicinity.

Findings include:

Observation upon entry into the facility on at 6:15 am revealed there was one tablet of a medication on the dining at the time of entry. The pill was pink/orange and oval in shape. After looking through all of the residents' medications, the tablet observed on the table matched the appearance of resident #2's 20. The medication bingo was punched out through .

Interview with the administrator on at 6:40 am revealed she acknowledged the pill found on the dining appeared to be resident #2's .

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility failed to ensure it operated within its licensed capacity. This directly affected 1 of 7 sampled residents (resident #3) and had the potential to affect 7 of 7 sampled residents.

Findings include:

Review of the facility's license revealed they are licensed for 6 residents.

Observation on at 6:15 am revealed there were 7 residents observed to be present during the initial tour of the facility. There was one male and one female awake in the living entry (resident #5 and resident #7). Resident #4 got up to go outside to smoke on the front porch during the tour. Residents #1, #2, #3, and #6 were all observed in bed.

Interview with the administrator on at 6:40 am revealed she stated resident #3 was a day care resident who arrived at the facility the prior day.

Review of the medication bingos for resident #3 revealed he had multiple medications to be given at 8:00 pm.

Review of the MORs for resident #3 revealed he had 3 8:00 pm medications. Additionally, he had medications signed as given from / / through the current date of .

Review of resident #3's record revealed there was no day care contract. There was, however, and Assisted Living Facility agreement for care.

Interview with resident #3 on at 7:39 am revealed he sleeps here every night (he pointed to his bed). He verified the clothes on the right side of the closet were his.

Interview with resident #5 on at 8:12 he confirmed that his (resident #3) sleeps in the other bed every night.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweet Living Facility Inc
15505 Sw 16 Lane
Miami, FL 33185

Re: CCR #2013012962

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 2/6/2014 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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