| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968068 | 04/14/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Sweet Life Alf Inc | 11631 Sw 100 St Kendall, FL 33176 | |

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

**List of Tags Cited:**
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Complaint Investigation Survey (CCR 2013013138 and 2014003045) was conducted on , 2013 and , 2014. Sweet Life ALF Inc. had the following deficiencies at time of survey.

**0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC**

Based on record review and interview the assisted living facility failed to identified 1 out of 7 (#1) sampled residents who had a history of eloping.

Findings include:

Record review revealed that the morning of at 6:23 a.m. resident #1 was found missing from his . Staff B found that the facility's front door lock was broken and resident #1 was not at the facility. The facility documented that they contacted the Miami Dade police department to report resident #1 missing. Based on information from the police report resident #1 was found later the morning on at a local hospital after being hit by a car.

Kendall Regional Medical Center records revealed that resident #1 was a admission to the hospital on . He had right side tenderness on chest; chest tube was inserted, and had multiple pelvic FXs ( ). Right side multiple . Severity onset and severity current both stated severe. Notes stated that Male . (patient) brought to ED (emergency department) by (emergency management system) after reported to have been hit or run over by a car. . was seen sitting in the road. Reports (upper extremities). Right chest wall pain.

Record review found that resident #1's wandering risk stated that the resident did not have a history of wandering. Record review revealed that resident #1 left the sister facility in 2012 by leaving out the window but was found by a police officer.

Interview with the administrator on at 10:29 a.m. she stated, " Resident #1 was able to walk with his cane; he had never tried to leave since being a resident at this ALF since . 2013. He used to live at our other ALF,Sunflowers Village II, it was a smaller home and he liked to walk. On the second day at ALF he left out a window, the police department picked him up and brought him back, the police department had a record on him from before he was a resident at the ALF. We did not notify AHCA (Agency for Health Care Administration) of that incident."

On , 2013 at 1:35 p.m. caretaker B. He stated, I went to bed about 11:00 a.m., I got up at about 1:00 a.m. to go to the checked the ., and then again I got up about 3:30 a.m. - 3:45 a.m. went to the checked the . I woke up at 6:20 a.m. to take care of the residents, when I went into his uncovered the blanket and all I found was clothes underneath. I called out his name and went on

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968068** | **04/14/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sweet Life Alf Inc** | **11631 Sw 100 St Kendall, FL 33176** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

to check the and the rest of the home then I saw that the front door was left ajar and the chain was broken. I the called the administrator and notified her. The door to my always left open at night

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweet Life Alf Inc
11631 Sw 100 St
Kendall, FL 33176

Dear Administrator:

**Re: CCR #2014003045**

This letter reports the findings of a state omplaint survey that was conducted on , 2014 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,

Kristal Branton for

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