STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922191	**08/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Your Sweet Home	**1105 West 69 Place Hialeah, FL 33014**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z824 - 408.811 Fs, 59a-35.120 Fac - Right Of Inspection; Inspection Reports S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was scheduled on - . Your Sweet Home failed to allow access to the facility to review resident, employee, and facility records.

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC

Based on observations and attempted interview, the facility failed to allow the Agency For Health Care Administration access to the premises.

Findings included:

Surveyor arrived to the facility on - at 8:00 am to find the front gate of the facility with a lock with a large chain and a lock. The surveyor rang the facility's gate bell many times to get no response from anyone inside of the facility at that time.

Surveyor observed someone in the facility looking out of one of the facility window blinds and then the blinds were closed. Surveyor made the finale attempt to contact employees of the facility by ringing the gate bell again and calling the facility phone number which no one answered.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Your Sweet Home
1105 West 69 Place
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a Biennial survey that was scheduled 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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