STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Hope Assisted Living Corp	13551 S W 208 Street Miami, FL 33177	
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
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0127 - 58a-5.021(4) Fac - Fiscal - Liability Insurance S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on . Sweet Hope Assisted Living had deficiencies at the time of the survey.

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

Based on record review and interview the facility failed to conduct and document resident elopement drills.

Findings as followed:

Record review showed the facility did not have documentation that two elopement drills were conducted yearly.

On at 10 a.m. staff B (caretaker) stated the facility did not perform the two elopement drills per year. And said the they did not have a record of the drills.

Class III

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

Based on observation, record review, and interview the facility failed to ensure that daily medications observation records (MORs) had each time the medications were taken for 2 of 2 (#1 and #2) sampled residents..

Findings as followed:

Medication pass observations on at 8:20 a.m. found staff B (caretaker) assisting residents #1 and #2 with self administration of medications.

The MORs were reviewed, there was no documentation of the exact time the medications were taken for residents #1 and #2. The MOR stated "AM" and "BED".

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On at 8:50 a.m. staff B (caretaker) acknowledged the MORs did not specify the time when the medications for residents #1 and #2 were taken.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview the facility failed to have a written staffing schedule that show its 24 staffing pattern.

Findings as followed:

Record review found the facility did not have a written staffing schedule for available for review on

On at 9 a.m. staff B (caretaker) stated the facility has no an staffing schedule and added the facility had two employees including the administrator.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure administrator received 12 hours of continuing education training in topics related to assisted living every 2 years.

Findings as followed:

Record review documented the facility failed to have proof that the administrator received 12 hours of continuing education training related to assisted living every 2 years.

Telephone interview on at 11 a.m. with the facility's administrator, she stated did not received the 12 hours of continuing education training in the last 2 years.

Class III

0127-Fiscal - Liability Insurance 58A-5.021(4) FAC

Based on record review and interview the facility failed maintain liability insurance coverage at all times.

Findings as followed:

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Record review on showed the facility's liability insurance expired on /. . The facility failed to provide documentation to demonstrate that they had liability insurance coverage since /.

Telephone interview on at 9 a.m. with the facility's administrator, she stated that was preparing the package to request the liability insurance.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility failed to employ or contract a nurse to provide Limited Nursing Services.

Findings as followed:

Record review showed the facility holds a standard license with the Limited Nursing Services (LNS) component. Record review found the facility did not employee or contract a nurse to provide LNS to residents.

On at 9 a.m. staff B (caretaker) stated the facility did not execute a contract between the facility and a nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweet Hope Assisted Living Corp
13551 S W 208 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of an AbbreviatedBiennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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