STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922191	10/02/2014
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)		

Revisit Corrected Tags:
Z824-Right Of Inspection; Inspection Reports-10/02/2014

Revisit New Tags:
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
0083-Training - First Aid And , -58a-5.0191(4) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 02, 2014. Your Sweet Home had deficiencies at time of survey.

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

Based on record review and interview the facility failed to provide documentation that the administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Record review of the administrator's record revealed that the last 12 hours of continuing education in topics related to assisted living expired in 2014.

Facility's manager stated on , 2014 at 10:45 am that the administrator will make an appointment to renew whatever she has expired.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to provide documentation that the administrator completed updated and First Aid courses.

Findings included:

Record review of the administrator's record revealed that the last and First Aid courses were completed on and expired on .

Facility's manager stated on , 2014 at 10:45 am that the administrator will make an appointment to renew whatever she has expired.

Class III

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 Standard Biennial revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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