STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	10/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Residence #3	11511 Sw 7 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And . . S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - . . . . . S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on . Sweet Residence #3 had the following deficiencies at time of the survey:

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not include evidence of freedom from communicable . . . . . including . . . . . statements for 2 out of 4 (B & D) sampled staff with 30 days of employment.

Findings included:

Personnel record review on . . . . . revealed sampled Staff B. (hire date) and sample Staff D. (hire date) records did not have evidence of freedom from communicable including statements.

On . . . . . at 2:25 PM Staff A. stated " I will make sure they get the test done as soon as possible."

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility's personnel records did not include documentation that 3 out of 4 (B, C and D) sampled staff received in-service training within 30 days of employment.

Findings included:

Personnel record review on . . . . . revealed sampled Staff B. (hire date)'s record did not include evidence of Elopement training, Incident Report training and 1 hour of Nutrition and Safe Food Handling training.

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	AL11965584	10/07/2014
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Personnel record review on revealed sampled Staff C. (worked on the weekend)'s record did not include evidence of Elopement training, Incident Report training and Nutrition and Safe Food Handling training.

Personnel record review on revealed sampled Staff D. (hire date)'s record did not include evidence of 3 hours of activities of daily living (ADLs) and Behavioral Needs training, Elopement training, 1 hour of Emergency Preparedness & Evacuation training, Incident Reporting training, 1 hour of Resident Rights training, Recognizing / Reporting , Neglect & training and 1 hour of Nutrition and Safe Food Handling training.

On at 12:05 PM Staff A. stated " I will schedule the training as soon as possible."

Class III

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

Based on record review and interview the facility's personnel records did not include evidence of and First Aid training for 2 out of 4 (C and D) sampled staff.

Findings included:

Personnel record review on revealed Sampled Staff C. (work on the weekends) did not have evidence of current and First Aid training. Staff C.'s last training expired on .

Personnel record review on revealed Sampled Staff D. (hire date) did not include evidence of First Aid training.

On at 12:05 PM Staff A. stated " I will schedule the training as soon as possible."

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure 1 out of 4 (B) sampled staff who provide direct care to residents received a minimum of 1 hour in-service training in the facility's policy and procedures regarding .

Findings included:

Personnel record review on revealed that sampled Staff B (hire date)'s record did not have any documentation of receiving 1 hour in the facility 's policy and procedures regarding at time of survey.

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

On ..... at 12:05 PM Staff A. stated " I will schedule the training as soon as possible."

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure that 1 out of 4 (C) sampled staff had a completed employment application with references.

Findings included:

Personnel record review on revealed sampled Staff C.'s record did not include a completed employment application with references.

On ..... at 12:15 PM Staff A. stated " I will have her complete one as soon as she comes in."

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that 2 out of 4 (B and C) sampled staff received the minimum 6 hours limited mental health (LMH) training within 6 months of employment. The facility failed to ensure that 1 out of 4 (A) sampled staff received 3 hours of continuing education training in LMH every two years.

Findings included:

Personnel record review on ..... for Staff A. (hire date) revealed the last LMH training was dated ..... The facility did not documentation that Staff A received 3 hours of continuing education training in LMH. Staff B. (hire date) and Staff C did not have any documentation they they received 6 hours of LMH training at the facility.

On ..... at 12:05 PM Staff A. stated " I will schedule the training as soon as possible."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . l, 2014

Administrator
Sweet Residence #3
11511 Sw 7 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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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