| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967484** | **10/06/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sweetest Home Inc** | **482 Nw 26th Avenue Miami, FL 33125** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An Abbreviated Biennial survey was conducted on - . Sweetest Home Inc. had a deficiency found at the time of the survey.

**0162-Records - Resident 58A-5.024(3) FAC**

Based on record review and interview facility failed to record weights for 5 out of 9 (#3, #4, #5, #7, and #10) every six months for resident who required assistance with activities of daily living.

Findings included:

1. Record review revealed that residents # 3, #4, #5, #7, and #10 did not have their weights recorded every six months for residents that needed assistance with activities of daily living. Resident #3, #4, #5, and #10's last weight taken were on . Resident #7's last weight taken was on .

2. Interviewed administrator on at 3:00 pm, she confirmed the findings in regards to residents' weights not taken every six months.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sweetest Home Inc
482 Nw 26th Avenue
Miami, FL 33125

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 1/ 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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