STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	11/24/2014
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)		

Revisit Corrected Tags:
0032-Resident Care - Elopement Standards-11/24/2014
0054-Medication - Records-11/24/2014
0079-Staffing Standards - Levels-11/24/2014
0127-Fiscal - Liability Insurance-11/24/2014
N277-Lns - Resident Care Standards-11/24/2014

Revisit Repeat Tags:
0080-Training - Core & Competency Test-58a-5.0191(1) Fac

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey revisit was conducted on 24, 2014. Sweet Hope Assisted Living Corp. had deficiencies found at the time of the visit.

0080-Training - Core & Competency Test-58a-5.0191(1) Fac

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

Findings as followed:

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

Telephone interview on / at 12:54 PM with administrator reports that whatever she has in her file is all she has. She was and thought the training that she had on file counted towards the 12 hrs. Said she has not taken any additional training since the Biennial survey.

Uncorrected Deficiency
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 Abbreviated 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 , 2015.

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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