

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965584	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER Sweet Residence #3	STREET ADDRESS, CITY, STATE, ZIP CODE 11511 Sw 7 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-11/25/2014
0081-Training - Staff In-Service-11/25/2014
0083-Training - First Aid And Cpr-11/25/2014
0090-Training - Do Not Resuscitate Orders-11/25/2014
0161-Records - Staff-11/25/2014
L243-Lmh - Training-11/25/2014

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey revisit was conducted on November 26, 2014. Sweet Residence #3 had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2014

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

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey revisit conducted on December 4, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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.shtm> 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

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