STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964442	10/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Sweet Alf, Inc	18400 Nw 81 Court Hialeah, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An Change of Ownership was conducted on 2014. A Sweet Assisted Living Facility, Inc. had the following deficencies found at time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the Assisted Living Facility failed to have a completed health assessment for 1 out of 2 (#3) sampled residents.

Findings include:

Record review revealed resident #3's Health Assessment (dated did not have ' height and weight blocks documented on the form.

On at 11:00 AM Health Assessment was reviewed with the administrator. She stated the facility was re-doing another health assessment for resident #3 but it was not completed. It did not have the and the activities of daily living documented. She stated that she was going to the doctor to have the health assessments completed.

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 properly documented evidence of Nutrition & Safe Food Handling In-service for 1 out of 3 sampled staff (C.)

Findings include:

Sampled staff C. was observed assisting with the preparation the noon meal for the residents. Facility's record review on revealed sampled Staff C., caregiver (hire date missing Nutrition & Safe Food Handling In-service.

On at 11:00 a.m. staff A. administrator, stated, I know we don ' t have them I will call the dietician and schedule the training. "

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964442	10/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Sweet Alf, Inc	18400 Nw 81 Court Hialeah, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the assisted living facility failed to ensure outside areas existing architectural and electrical systems are maintained in good working order.

Findings Include:

Observations during facility tour on at 9:05 AM found the living window crank operator ' s handles two (2) were missing and the window was missing the window screen. During tour of the dining it was observed the air conditioner filter frame had separated from the wall. During tour of the ceiling fan was observed to be missing three (3) light bulbs. During tour of the resident was observed the light fixture was missing three (3) light bulbs. has a glass French double door, at the time of the tour; one of the doors window panes on the doors (right side) did not have curtains for resident privacy. Observations of the outside area of the facility revealed the front door porch light was missing the top cover. Front and backyard lawn was unkempt, the door on the backyard shed in front of the covered smoking area used by the residents was observed to be broken. Construction debris littered the back and side patios of the facility. Facility residents have access to all areas of the front and back yards. The main driveway to the facility has cracks between the sidewalk and on to the driveway.

On at 10:10 AM administrator stated, "the owner recently purchased the property and he is working on the finishing details around the property."

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review, observation and staff interview the facility failed to ensure that a current Community Living Support Plan and Agreement was provided for 1 out 2 sampled residents (Resident #3). The facility failed to update the Community Living Support Plan for 1out 2 (Resident #3) Limited Mental Health residents.

The findings include:

On at 11:34 AM resident #3 admission date was sampled as a Limited Mental Health resident record review, resident was identified as a Limited Mental Health resident on the Admission and Discharge Log, review of the Community Living Support Plan and Agreement on file revealed it expired on

On at 11:34 AM the administrator stated she knew Resident #3 Community Living Support Plan and Agreement were not updated. She stated the doctor was contacted over the phone and she was waiting for the doctor to provide the current documentation.

Class: III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Sweet Alf, Inc
18400 Nw 81 Court
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of a change of ownership survey that was conducted on 21, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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