STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	12/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet ..... Alf, Inc	15942 Sw 61 Lane Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Licensure survey was conducted on . Sweet Hearth ALF had deficiencies at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that residents met the continued residency criteria for 1 out of 6 residents (Resident #1).

Findings included:

Observation on at 9:15 AM showed Resident #1 rested on a bed with half-bed rail up.

Review of Resident #1's record document she was admitted to the facility on and has a diagnosis of Advance and . The Health Assessment dated indicated she requires assistance with Activities of Daily Living (ADLs).

During an interview on at 1:30 PM the facility's administrator stated that she is unable to assist with her own transfer. She was receiving hospice services and was discharged on .

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the facility failed to obtain a written physician's order for the use of a half-bed rail for 1 out of 6 (Resident # 1) sampled residents. The facility also failed to ensure that residents were treated with dignity and provided privacy.

Findings included:

Observation on at 8:50 AM showed that there were two beds in the common and Resident #1

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had half bed rails attached to her bed.

Record review on for Resident # 1 showed the facility did not have a written physician's order for the use of half bed rails.

During an interview on at 11:30 AM Staff C stated she and Staff B sleep in the beds located in the common

During an interview on at 12:39 PM, administrator acknowledged the findings and she stated, "I do not have the physician's order for the half bed rail on her resident record". "I have to call the doctor for a new order ". Furthermore she stated "We are going to remove the beds located in the common immediately".

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview, the facility failed to provide proof that the facility's manager passed the competency test with 3 months of employment.

Findings included:

Record review for Staff D (manager, hired on) found the manager took the CORE training on . The facility did not have proof that the manager passed the competency test. The administrator supervised three facilities.

During an interview on at 2:40 PM, the administrator stated that Staff D passed the competency test upon completion of the CORE training but she was unable to provide the documentation at the time of the survey.

Class III

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

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis for 1 out of 5 staff (Staff E).

Findings included:

Review of Staff E (Registered Nurse)'s record on at 10:00 AM showed it did not have evidence of a negative examination documented on an annual basis. The last exam on file was dated .

During an interview on at 3:30 PM, the facility's administrator stated Staff E did not have her annually documentation for a negative exam at the facility.

Class III

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

Based on record review and interview, the facility did not ensure that 1 out of 6 sampled employees (Staff D) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures.

Findings included:

Review of Staff D's record on at 11:00 AM, showed it did not have documentation that she received in-service training within 30 days of employment that covers resident elopement response policies and procedures. Staff D was hired on .

During an interview on at 2:30 PM, the administrator stated Staff D received in-service training within 30 days of employment that covers resident elopement response policies and procedures but she was unable to provide the documentation at the time of the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for 2 out of 5 staff (Staff A and D).

Findings included:

Record review for Staff A (administrator) and D (manager) had no documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A training expired on and Staff D training expired on .

During an interview on at 2:40 PM, the administrator stated that she and Staff D received 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF but she was unable to provide the documentation at the time of the survey.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observation, record review and interview the facility failed to have current inspections records available for review.

Findings included:

Observation during the facility tour on at 8:50 AM showed the facility last sanitation inspection was date .

During the facility record review on showed that there was no available current documentation of the

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facility satisfactory sanitation inspection from department of health.

During an interview on at 12:39 PM, the administrator acknowledged that department of health inspection report expired.

Class III

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

Based on observation, record review, and interview, the facility failed to obtain a written physician's order for prepared and served therapeutic diets for 1 out of 6 (Resident # 1) sampled residents.

Findings included:

Observation during lunch on at 12:33 PM, Staff B assisted Resident #1 with puree diet in her . . . . .

Record review on for Resident # 1 did not have any written physician's order for therapeutic diets (puree diet).

During an interview on . . . . at 12:39 PM, the administrator stated, " I have to call the doctor for a new order".

Class III

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

Based on record review and staff interview, the facility failed to update the annual community living support plan for 1 out of 6 (Resident #2) sampled limited mental health residents.

Findings included:

Record review on for Resident #2 showed that the last Annual Community living support plan was done on / . The Health Assessment indicated the resident was diagnosed with by the physician. Furthermore record showed that Resident #2 is receiving .

During an interview on at 1:19 PM, the administrator stated that she will contact provider to update the annual community support plan for resident #2.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out of 5 (Staff C) received the required Limited Mental Health (LMH) training within 6 months of employment.

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Findings included:

Review of Staff C (caregiver)'s record on at 10:00 AM showed it did not contain documentation of limited mental health training within 6 months of employment. Staff C was hired on .

During an interview on at 3:30 PM, the facility's administrator stated Staff C did not receive the required Limited Mental Health (LMH) training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweet Alf, Inc
15942 Sw 61 Lane
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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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