STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968068	02/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sweet Life Alf Inc	11631 Sw 100 St Kendall, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Sweet Life ALF Inc had deficiencies found at the time of the survey.

0010-Admissions - Continued Residency 429.26(1&9) FS; 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 2 sampled residents (Resident #1).

Findings included:

A general tour of the facility was conducted on at 09:00 AM. During the tour, Resident #1 was observed sitting in the common . The resident appeared alert and awake.

Record review on at 11:00 AM document that she was admitted to the facility on and has a diagnosis of , , , Parkinson , short term memory loss, major , , muscle spam, and Limited range of motion. The health assessment documented that she requires assistance with the Activities of Daily Living.

The surveyor observed the facility staff assist Resident #1 with her transfer on at 12:00 PM. Two facility caregivers were observed placing their hands underneath resident's hands and lifted them from her wheelchair. She was unable to assist with her own transfer.

During an interview on at 1:30 PM, the facility administrator confirmed that sampled Resident #1 was unable to assist with her own transfer; therefore the residents no longer met the criteria for continued residency and would be discharged from the facility.

Class III

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

Based on observation and interview the facility failed to ensure that the facility failed to ensure that the resident did not have dark stains and that the sofas were maintained.

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Findings included:

Facility tour on at 9:00 AM found that the resident and resident had dark stained marks. The leather sofa located in the common was peeling.

During an interview on at 1:30 PM, the facility's Administrator confirmed the findings. She stated " We are painting the facility."

Class III

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

Based on record review and interview the facility failed to maintain documentation in the resident's record regarding appointment of a health care surrogate, guardian or power of attorney for 1 out of 2 sampled residents (Resident #1).

Findings included:

Record review on showed that Resident's #1 son signed her documents; however, there was no documentation in her record to show that the resident had appointed a health care surrogate, guardian, or power of attorney to represent her and sign their paperwork.

During an interview on at 1:00 PM Staff A, the Administrator confirmed that the facility failed to maintain documentation in the resident's record regarding appointed a health care surrogate, guardian or power of attorney for Resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweet Life Alf Inc
11631 Sw 100 St
Kendall, FL 33176

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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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