STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	02/25/2015
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)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-02/25/2015
0030-Resident Care - Rights & Facility Procedures-02/25/2015
0077-Staffing Standards - Administrators-02/25/2015
0078-Staffing Standards - Staff-02/25/2015
0160-Records - Facility-02/25/2015
0162-Records - Resident-
L243-Lmh - Training-

Revisit Repeat Tags:
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:
0090-Training - -58a-5.0191(11) Fac
0161-Records - Staff-58a-5.024(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 02/25/2015. Sweet ALF, Inc had the following deficiencies at time of the survey:

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

Based on record review and interview the facility failed to ensure that 1 out 3 (Staff E) received in-service training within 30 days of employment.

Findings included:

Record review on at 10:40 AM, showed that Staff E (hire on / /) did not have documentation that he received in-service training's within 30 days of employment that covers resident elopement response policies and procedures; Resident rights; Activities of Daily Living (ADLs) and Behavioral Needs Training; Emergency Preparedness and Evacuation training; Incident reporting training; Resident rights and Nutrition and Safe Food Handling.

During an interview on at 10:40 AM Staff B (caregiver) stated Staff E was hire on / / . Staff B acknowledged that in-services training's was on record for review during survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	02/25/2015
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)		

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

Based on record review and interview the facility failed to provide a minimum of 4 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF for 1 out of 5 (Staff E) sampled staff.

Findings included:

Record review on / / at 10:45 AM, showed that Staff E (hire on / /), had no documentation that they received a minimum of 4 hours of training on providing assistance with self-administered medications and safe medication practices in an ALF.

During an interview on at 10:45 AM Staff B stated that Staff E was hired by the facility on / / and Staff E did assisted residents with self-administered medications. Staff B acknowledged that documentation was not on record for review at the time of the survey.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 1 out of 5 (Staff E) sampled staff had at least 1 hour of Training.

Finding included:

Record review on showed Staff E (hire date / /) did not have at least 1 hour of training.

During an interview on at 10:37 AM, Staff B stated that Staff E did not have a completed record available for review. Staff B acknowledged, there were missing training.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure that 1 out of 5 (Staff E) sampled employee have a completed personnel record.

Findings included:

Record review on at 10:37 AM showed that Staff E did not have a complete record available

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Sweet Alf, Inc	15942 Sw 61 Lane Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

for review documenting the following: application with references.

During an interview on at 10:37 AM, Staff B (caregiver) stated that Staff E was hire on / . Staff B acknowledged that E did not have a complete file for to review during survey.

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 2 (#2) sampled limited mental health residents.

Findings included:

Record review on showed Resident #2 the last Annual Community living support plan was done on and missing signature from the resident and facility administrator. 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 11:20 AM, Staff B stated that Resident #2 is a Mental Health Resident and goes to mental program. Staff B acknowledged that the Annual Community support plan for Resident #2 is uncompleted (missing signature).

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 revisit survey conducted on 2015by 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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