

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966557	(X3) DATE SURVEY COMPLETED 05/07/2015
NAME OF PROVIDER OR SUPPLIER SWEET CARE HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 18260 SW 153 COURT MIAMI, FL 33187	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on , 2015. Sweet Care Home ALF, Inc. with Limited Mental Health and Limited Nursing Services components had the following deficiency found at time of survey:

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview, the Assisted Living Facility failed to contract or employ a nurse to provide limited nursing services to residents as needed.

Findings included:

Review of facility's record revealed that nursing services agreement between Assisted Living Facility and Registered nurse was dated 11 / / .

In an interview with facility's Administrator on at 12:38 PM revealed that registered nurse's information was not updated because Administrator thought that facility did not have limited nursing services and there was no nurse in contract to provide limited nursing services.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweet Care Home Alf, Inc
18260 Sw 153 Court
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



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