RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweetwater at Duck Pond ALF, LLC
207 NE 7th Street
Gainesville, FL 32601

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by a representative 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968220	R 05/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SWEETWATER AT DUCK POND ALF LLC	207 NE 7TH ST GAINESVILLE, FL 32601	

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

0000 - Initial Comments

An unannounced follow-up to an ECC monitoring visit was conducted on . Sweetwater at Duck Pond had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to have documentation of annual . free status for one of five staff members reviewed (Staff A).
Findings
A record review on revealed that Staff A 's (hire date - latest . free statement was dated .

On an interview was conducted with the charge person. She stated she thought Staff A had a more recent test. She was unable to find it.
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 evidence of annual 2 hour update training for assistance with medication self-administration for 2 of 5 employees reviewed (Staff B and D).
Findings
A record review on revealed that Staff B and D had only had 1 hour of the required 2 hours of annual training for assistance with medication self-administration. The course was on-line training and it was unclear if a registered nurse or pharmacist provided the material.
On an interview was conducted with the charge person at 12:45 PM. She acknowledged that the course was one hour long and she could not determine if the trainer was a registered nurse or pharmacist.
Class II