STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	06/25/2015
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 Standard Biennial survey was conducted on . Sweet Care Home ALF, Inc. with Limited Mental Health and Limited Nursing Services components had the following deficiencies found at time of survey:

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to conduct two elopement drills yearly.

Findings as follow:

Record review showed the facility failed to perform two elopement drills yearly.

On at noon, the facility's Administrator stated the facility had not performed any elopement drills.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 5 (Staff B) facility staff within 30 days of employment. The facility failed to have negative examinations documented on an annual basis for 5 out of 5 (Staff A and D) facility staff.

Findings as follow:

Record review showed the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff B (hired on /). Record review showed Staff A last freedom from communicable statement was dated and Staff D was dated . Record review showed the facility had no documentation of negative examinations documented on an annual basis for both staff.

On , the facility's Administrator acknowledged the facility did not have the required documentation.

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Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 4 out of 5 (Staff A-C) facility staff trained in assisting residents with self-administration of medications on an annual basis.

Findings as follow:

Record review showed the last medication training received by staff were:
Staff A on
Staff B on /
Staff C on

The facility did not have documentation that staff received 2 hours of assisting residents with self-administration of medications on an annual basis.

On the facility's Administrator stated Staff A, B, and C assist with self-administration and acknowledged the facility failed to have Staff A, B, and C trained in self administration of medications on annual basis.

Class III

0085 Trainina - Nutrition & Food Service

Based on observation, record review, and interview the facility failed to have 2 out of 5 (Staff B- C) facility staff trained in 2 hours of nutrition and food service on annual basis.

Findings as follow:

On at 10:30 a.m. observed Staff C preparing food for lunch in the facility's kitchen.

The facility failed to have Staff B trained on annual basis in nutrition and food services, the last training was dated / . Record review showed the facility had no documentation of nutrition and food service training for Staff C, the last dad dated .

On at 12:30 p.m. the facility's Administrator acknowledged the facility did not have the

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SUMMARY STATEMENT OF DEFICIENCIES
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training for staff.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an emergency management plan submitted on annual basis.

Findings as follow:

Record review showed the facility last emergency management plan approval was dated / /

On at noon, the facility's Administrator stated they had the plan prepared to be submitted to the agency.

Class III

L241 LMH - Records

Based on record review and interview the facility failed to have a agreement and annual community support plan for 1 out of 3 (Resident #4) facility limited mental health residents.

Findings as follow:

On at 10:00 a.m. the facility's Administrator identified Resident #4 as Limited Mental Health resident. The facility's Administrator stated the facility had no agreement and an annual community support Plan for Resident #4.

Record review showed the facility had no agreement and annual community support plan for Resident #4.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 3 out of 5 (Staff B- D) trained in working with Limited Mental Health residents and failed to have 1 out of 4 (Staff A) facility staff trained in working with Limited Mental Health residents, continuing education.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings as follow:

Record review showed the facility held an standard license with Limited Mental Health component.

Record review showed the facility had no documentation of Staff B, C, and D receiving Limited Mental Health training within 6 months of employment. Staff B hired / , Staff C hired on , and Staff D hired / / . Staff A last continuing education training was dated / , there was not documentation that the staff member received 3 hours of continuing education training every two years.

On the facility's Administrator acknowledged the facility did not have the training for staff.

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 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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Miami, FL 33166
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