STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	12/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET HOPE ASSISTED LIVING CORP	**13551 S W 208 STREET MIAMI, FL 33177**

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

0000 Initial Comments

A Complaint Survey (CCR #201501307) was conducted on / . Sweet Hope Assisted Living Corp had the following deficiencies at time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have documentation of the freedom from communicable including statement for 1 out of 2 (Staff A) facility Staff.

Findings as follow:

Record review showed the facility did not have documentation of freedom from communicable including for Staff A (administrator).

On / at 9:50 am the facility's Administrator stated during a phone interview, she did not have the statement because her doctor recommended not to do so because was preparing to undergo a surgery.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On / at 9:45 am observed the facility did not have staffing schedule posted.

Record review showed the facility did not have a staffing schedule available for review.

On / at 9:45 am Staff B (caretaker) stated the facility had a staffing schedule but was misplaced. Staff B stated the facility had two staff members (Staff A and B).

Class III

0080 Training - Core & Competency Test

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	12/01/2015
NAME OF PROVIDER OR SUPPLIER **SWEET HOPE ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13551 S W 208 STREET** **MIAMI, FL 33177**	

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

Based on record review and interview the facility failed to ensure the Administrator received 12 hours of continuing education training in topics related to ALFs in the last two years.

Findings as follow:

Record review showed the facility did not have documentation that the Administrator received 12 hours of continuing education training. Record review showed the facility's Administrator CORE exam was dated .

On / at 9:50 am the facility's administrator stated during a phone interview, she had not received the 12 hours CORE continuing education training, yet.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to have 1 out of 2 (Staff A) facility staff trained in assisting residents with self administration of medications.

Findings as follow:

Record review showed the facility did not have documentation that Staff A (Administrator) received assisting with self administration of medications training.

On / at 9:50 the facility administrator stated on a phone interview, she had not received the medication training, yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweet Hope Assisted Living Corp
13551 S W 208 Street
Miami, FL 33177
RE: CCR #201501307

Dear Administrator:

This letter reports the findings of a complaint 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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

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