STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	01/13/2016
NAME OF PROVIDER OR SUPPLIER **SWEET ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15942 SW 61 LANE** **MIAMI, FL 33193**	

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

0000 Initial Comments

A Complaint (CCR 2015012868) Survey was conducted on I/ . Sweet ALF, Inc had the following deficiencies at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have proof of the high school diploma or G.E.D for the facility's Manager (Staff B).

Findings as follow:

Record review showed the facility failed to have proof of the high school diploma or G.E.D for Staff B (Manager), hired on I/ .

On I/ at 11:40 a.m. the facility's Administrator acknowledged the high school diploma for Staff B was not available for review.

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 4 (Staff B) facility Staff within 30 days of employment.

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 (Manager), hired on I/ .

On I/ at 11:40 a.m. the facility's Administrator acknowledged the statement for Staff B was not available for review.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **SWEET ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15942 SW 61 LANE** **MIAMI, FL 33193**	

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

Based on record review and interview the facility failed to have the medication training records for 1 out of 4 (Staff B) facility Staff.

Findings as follow:

Record review showed the facility failed to have the medication training records for Staff B (Manager), hired on / .

On / at 11:40 a.m. the facility's Administrator acknowledged the medication training for Staff B was not available for review.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to have 1 out of 4 (Staff D) trained in working with limited mental health residents, continuing education.

Findings as follow:

Record review showed the facility failed to have Staff D (hired on) trained in limited mental health, continuing education.

On / at 11:40 a.m. the facility's Administrator acknowledged Staff D did not take the limited mental health continuing education training yet.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have the Level II background screening completed by , 2015 for 1 out of 4 (Staff A) facility Staff.

Findings as follow:

Record review showed the last Level II background screening for Staff A was dated on . The facility failed to ensure Staff A completed a background screening by , 2015.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	**01/13/2016**
NAME OF PROVIDER OR SUPPLIER **SWEET [redacted] ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15942 SW 61 LANE** **MIAMI, FL 33193**	

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

On [redacted] Staff A (administrator) she acknowledged she needed a new background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sweet Alf, Inc
15942 Sw 61 Lane
Miami, FL 33193
RE: CCR #2015012868

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 13, 2016 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

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