STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	06/10/2016
NAME OF PROVIDER OR SUPPLIER **SWEET LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15505 SW 16 LANE** **MIAMI, FL 33185**	

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

0000 Initial Comments

An Abbreviated Survey was conducted on . Sweet Living Facility, Inc. with limited mental health component, license number 10526 have the following deficiencies found at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the facility failed to maintain a written physician's order and signed consent forms for use of bed rails for two out of six (#5 and #6) sampled residents.
Findings included:
During the facility tour on at 8:55 AM was observed in # Resident #5's bed with half bed rails attached to the bed. Further observation in # showed Resident #1 was lying down in bed with full bed rails attached to the bed.
Record review on showed Resident #1 did not have physician order or consent to use for the use bed rails for review. Further review found Resident #5 did not have record at the facility for review.
During a phone interview on at 10:27 AM, the facility's Administrator stated that Resident #5 did not have a record for review at the facility. She acknowledged deficiencies found.
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.
Findings included:
Observation on at 8:55 AM, found Staff C working at the facility alone with a census of 6 residents.
Record review on the facility's staffing schedule posted was for the week to .
During an interview on at 10:37 AM, the facility Administrator stated that Staff D did not work at the facility anymore. She acknowledged that staffing pattern was dated to , it was not updated.
Class III

0125 Fiscal - Surety Bonds

Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for three out of six (#2, #3, and #6) sampled residents.
Findings included:

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Record review on / showed that Resident #2, Resident #3, and Resident #6 received monthly checks that were deposited directly to the Assisting Living Facility (ALF)'s bank account.
During an interview on at 11:26 AM Resident #2 stated they deposit the check to the facility.
During an interview on at 12:20 PM Resident #3 stated "social security pay to the facility monthly."
During an interview on / at 11:29 AM, the facility's Administrator stated I had there Residents #2, # 3 and #6 that social security deposit directly to the ALF bank account. She stated "I do not have surety bound." She stated "this is new because I don't know what this is."
Class III

0162 Records - Resident

Based on record review and interview, the facility failed to have a completed record for one out of six (#5) sampled residents.
Findings included:
Record review on showed Resident #5's name was listed on the admission and discharge log admitted on . Further record review found the facility did not have a record for Resident #5 at the time of survey.
During a phone interview on at 10:27 AM, the facility Administrator stated that Resident #5 did not have a record available for review.
Class III

L241 LMH - Records

Base on record review and interview, the facility failed to maintain an up-to date admission and discharge log that identified limited mental health residents for two out of three(#2 and #3) sampled residents:
Finding included:
During an interview on at 11:53 AM, the facility Administrator stated that she did not have limited mental health residents.
Record review on / showed that admission and discharge log did not identify any person as a limited mental health resident. Further review found Resident #2 (admitted on)'s health assessment dated diagnoses agreement and annual community living support plan dated , the resident received ( ) for the amount of $ 58.00.
Interview with Resident #2, he stated that he psychiatrist comes to the facility every month and he have face to face contact with doctor.
Record review found Resident #3(admitted /)'s health assessment dated diagnoses:

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

agreement and annual community living support plan dated
The resident received ( ) for the amount $ 78.00.
During an interview on at 12:09 PM, the facility's Administrator acknowledged that she did have two limited mental health residents
Class III

Z814 Background Screening Clearinghouse

Based on observation, interview and record review, the facility failed to maintain an updated employee roster within the background screening's clearinghouse database.
Findings included:
Observation on at 8:55 AM, found Staff C working at the facility alone with a census of 6 residents.
Review of the clearinghouse database on showed that Staff C (caregiver) did not appear at the roster and Staff D was listed as staff.
During an interview on at 10:37 AM, the facility Administrator stated that Staff D did not work at the facility anymore.
During an interview at 12:45 PM the facility administrator acknowledged deficiencies found.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sweet Living Facility Inc
15505 Sw 16 Lane
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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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