STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964442	08/22/2016
NAME OF PROVIDER OR SUPPLIER **A SWEET ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18400 NW 81 COURT** **HIALEAH, FL 33015**	

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

0000 Initial Comments

A change of ownership survey was conducted on , 2016. A Sweet ALF, Inc (License # 9159) with Limited Mental Health components had the following deficiencies identified at time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review the facility failed to provide or offer recreational activity for six of six sampled residents (Residents # 1-6).

Findings included:

Observation on from 9:00 am to 3:00 pm the facility's staff did not provide any activities for residents.

A review of the posted, updated calendar that reflected the weekly activities schedule showed that puzzles were scheduled at 2:00 pm.

Interviewed on around 2:00 pm, Staff A stated, " You did not see activity today; however, they usually have activities every day. "

Class III

0032 Resident Care - Elopement Standards

Based on interview and record review, the facility failed to conduct at least 2 elopement drills per year.

Findings included:

Record review revealed there was no documentation of any elopement drills performed in 2016. The last elopement drill was conducted on .

Interviewed on at 10:30 am, the Administrator stated, " I have been the Administrator of the facility for two years, and I was told to do elopement drills when there was a new admission only. "

Class II

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0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide assistance with self-administration of medication, within the guidelines identified by statute, for one of six (#5) sampled residents.

Findings included:

On at 10:00 am observed that Staff B took resident #5's medication (12) in a plastic cup and walk to Resident #5's . Resident #5 was inside the , and Staff #5 walked with the medication to the , and stated, " This is your medication." Resident #5 grabbed the medication in the cup, and Staff walked away to get a bottle of water that was on top of the desk and came back to Resident #5 to give her the bottle of water. Staff B then walked away, and did not verify if resident swallow the medication. Moreover, Staff B did not use the Medication Observation Record (MOR) to verify the resident's medication.

Interviewed on around 2:00 pm, Staff B stated, " I was under the rush of the morning, I always use the MOR and verify if the resident swallowed the medication. "

Class III

0054 Medication - Records

Based on record review and interview the facility failed to properly record the Medication Record Review (MOR).

Findings included:

On at 10:05 am, observed Resident #5 ' s medication card with the medications for the day missing, indicating that the medication was given. The medication card stated, " Morning. "
A review of the MOR revealed that Resident #6 ' s medications (12.5 mg and ER 30 mg) did not reflect the time that the medications were to be received, and the medications were signed as given.
Interviewed on / at 10:18 am, Staff A stated, regarding Resident #5 ' s MOR, " It is a new medication, and the time it is not reflected; however, Resident #2 had her medication at 8:00 am. "
Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the provider failed to ensure that the centrally stored medications

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were kept locked in a central storage place at all times.

Findings included:

Observation on at 9:21 am revealed a box of medication (Supplement Veltassa) belonged to Resident #2 was unlocked inside the refrigerator. Also, there was a bottle of stomach relief medication unlocked and unlabeled.

Interviewed on around 2:00 pm , Staff A stated, " I did not know that Resident #1's medication needed to be locked, and the stomach relief medication belonged to a staff that is no longer working in the facility. "

Class III

0082 Training - / /

Based on staff record review and interview the facility failed to ensure that one of five sampled staff (Staff B) completed a course on and .

Findings included:

Record review revealed that there was no documentation in the personnel file that Staff B had completed / training.

Interviewed on at 1:55 pm, the Administrator acknowledged that Staff B is missing her training.

Class III

0151 Physical Plant - Existing Facilities

Based on observation, record review and interview facility failed to comply with the Florida Building Code building code of in effect at the time of any modification and/or alteration in the floor plan of an existing facility.

Findings:

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On at 9:10 am, observed that # , which was shared by two residents, was divided by a wall, causing it to appear to be separate which did not allow adequate floor space to residents. Also, there was a bed inside the wall of the TV area.
Interviewed at 11:00 am on , Staff A stated that it was the same , but it was divided by a wall to provide more privacy. Also, Staff A stated that the smaller because Resident #1 had it too full of personal things. Staff A stated that she will remove the bed from the wall of the TV area.
Interviewed on at 1:30 pm by phone, Staff A stated that the facility was bought with the wall in the middle of # . Staff A sent a copy of the original floor plan of the facility.

Record review on revealed that the facility original floor plan did not reflect that the wall was originally a part of the facility.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of four (B) Staff received 8 hours of initial Training in Limited Mental Health (LMH).

Findings included:

A review of the personnel record revealed that there was no documentation of 8 hours of training in Limited Mental Health for Staff B.

Interviewed on , Staff A acknowledged that Staff B did not have the initial 8 hours training for LMH.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview facility failed to have an Attestation of Compliance with Background Screening for two of five (A and D) sample staff.

Findings included:

A review of the personnel record showed that there was no Attestation of Compliance with Background Screening for Staff A (hired on).

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A review of the personnel record showed that there was no Attestation of Compliance with Background Screening for Staff D (hired on).

Interviewed on at 2:26 pm Staff A acknowledged that she and Staff B did not have Attestation in their files.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Sweet Alf, Inc
18400 Nw 81 Court
Hialeah, FL 33015

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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