STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	**08/30/2016**
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)

0000 Initial Comments

A Standard Biennial Survey was conducted on . Sweet Hope Assisted Living (licence #11476) had the following deficiencies at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to have a signed consent for the use of half (1/2) bed rails for one out of five (#2) sampled residents..
Findings included:
Observation on at 9:40 AM during facility tour revealed that Resident #2 had 1/2 bed rails attached to her bed.
Record review on showed Resident #2 had a physician's order for the use of half bed rail dated . Further review showed Resident #2's consent for the use of 1/2 bed rails was not provided.
During an interview on at 10:52 AM, Staff B acknowledged that the resident's record did not have a signed inform consent to use ½ bed rails.
Class III

0162 Records - Resident

Base on record review and interview, the facility failed to have a completed resident demographic data form for one out of five (# 2) sampled residents. The facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian or power of attorney (POA) for one out of five (#2) sampled residents. The facility failed to have semi-annually weights recorded for one out of five (#1) sampled residents that received assistance with activities of daily living (ADL's).
Findings included:
Resident #1 (admitted on)'s health assessment (AHCA form 1823) dated showed that resident need assistance with all activities of daily living (ADLs). The facility did not have semi-annually weights recorded for review. The weigh on health assessment was dated , 132 pounds on , 122 pounds and , 135 pounds.
Record review on showed that Resident #2 (admitted on)'s demographic data sheet was not completed. Further reviewed showed that Resident #2's contract was signed by her son on / . The facility did not have documentation of the appointment of a health care surrogate, health care proxy, guardian or power of attorney on record for review.
During an interview on at 10:25 AM, Staff B (caregiver) stated that she did not have weight log for residents on record for review. She stated no one asked for this before. She stated we weight ourselves but we do not have documentation on record. On at 10:35 AM, Staff B stated that she did not have POA/ surrogate/ proxy on record for review. She acknowledged that record does not

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have demographic data for review.
Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register the employees in the Background Screening's Clearinghouse for two out of two (Staff A and B) sampled staff.
Findings Included:
Observation on at 9:16 AM showed Staff B was in care of the residents and providing personal services to them.
Staff schedule review showed that Staff B was scheduled to work at the facility.
Clearinghouse review on showed that Staff A and B was not registered on the agency clearinghouse.
Interview conducted on at the exit conference Staff B (caregiver) acknowledged the deficiencies found.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sweet Hope Assisted Living Corp
13551 S W 208 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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