RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Sweet Residence #3
11511 Sw 7 Street
Miami, FL 33174

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 , 2017.** 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 Supevisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	**11/09/2016**
NAME OF PROVIDER OR SUPPLIER **SWEET RESIDENCE #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 7 STREET MIAMI, FL 33174**	

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

0000 Initial Comments

A relicensure inspection was conducted at Sweet Residence #3 (License #9961). Deficiencies were identified at the time of the survey:

0076 ( )

Based on record review and interview, the facility failed to provide documentation that two out of the four sampled employees had training in ( ) (Employees C and D) .

Findings included:

Record review revealed that Employee C's date of hire was - and Employee D's date of hire was . Thee was no documentation that either employee had training in the areas for .

Interviewed on - at 4:00 PM, the Administrator stated that she will schedule a date for Employees C and D for training in as soon as possible.

Class III

0081 Training - Staff In-Service

Based on record review and interview facility failed to provide documentation that two of four sampled employees to have training in the areas of Reporting Major Incidents/Adverse Incidents; Elopement Procedures; Emergency Preparedness/Evacuation; Residents Rights, Recognizing and Reporting /Neglect/ , Resident Behavior and Needs, and Activities of Daily Living (ADL's) (Employees C and D).

Findings included:

Record review revealed that Employee C's date of hire was - and Employee D's date of hire was . There was no documentation that either employee had training in the areas of of Reporting Major Incidents/Adverse Incidents; Elopement Procedures; Emergency Preparedness/Evacuation; Residents Rights, Recognizing and Reporting /Neglect/ , Resident Behavior and Needs, and Activities of Daily Living (ADL's) .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Interviewed on 11-09-2016 at 4:00 PM, the Administrator stated that she will schedule a date for Employees C and D to receive training in those areas as soon as possible.

Class III