RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Am Sweet Home Alf, Corp
13066 Sw 187 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a wellness monitoring 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968499	11/21/2016
NAME OF PROVIDER OR SUPPLIER **AM SWEET HOME ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13066 SW 187 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A wellness monitoring was conducted on 11/21/2016. AM Sweet Home ALF with Standard license (AL12397) had the following deficiencies identifies at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview the facility failed to honor residents rights and privacy by having 2 out of 6 (Residents #5 and #6) residents of different genders sleeping in the same no consent.

Findings as follow:

On / / at 8:15 a.m. during facility tour Staff C stated Residents #5 and #6 slept in # . Staff C stated that the residents are not related.

Record review showed the facility had no documentation of Residents #5 and #6 having given consent to share a .

On / / at 10:30 a.m. the Administrator acknowledged the facility had no consent from Residents #5 and #6 to share the same . The Administrator also stated that the two residents had some family relationship, but no clarification or documentation was provided.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review and interview the facility failed to provide documentation that 2 out of 3 staff had proof of freedom from or other communicable . The facility also failed to provide documentation that these staff had received required trainings to qualify them to work in an assisted living facility (staff B and C).

Findings:

On / / at 8:15 a.m. ,observed Staff B (hired about 2 months ago) and Staff C (hired about a week ago) working with 6 residents.

Record review showed that there was no documentation that Staff B or C had proof of freedom from communicable or of any trainings required to work in the assisted living facility (ALF) for Staff B

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and C.

On 11/21/2016 at 10:15 a.m., the Administrator acknowledged Staff B and C had no proof of freedom from communicable and had not received any training to work in an ALF.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview the facility failed to have an accurate staffing schedule and failed to have the minimum staff hours per week.

Findings as follow:

On / / at 8:15 a.m. Staff B and C were observed in facility working with 6 residents.

Staffing schedule review showed:

Scheduled to work were Staff A, D and E.
Staff D and E, who were listed on the schedule, did not work at the facility anymore.
Staff B and C were not on the schedule.

On / / at 8:15 a.m. Staff B and C stated they slept in the facility and assisted residents with activities of daily living (ADL), and that they cooked and cleaned the facility.

On / / at 10:21 a.m. the Administrator stated Staff D and E were not working at the facility anymore and acknowledged Staff B and C were not on the schedule. The Administrator further stated that Staff had been working there for about 2 months and Staff C was working there for about a week.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on observation, record review and interview the facility failed to provide documentation that one of two sampled staff had received and training within 30 days of employment (Staff B).

Findings as follow:

On / / at 8:15 a.m., observed Staff B and C (hired about 2 months earlier) and Staff C (hired

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about a week earlier) working in the facility with 6 residents.

Record review showed that there was no documentation of the training for Staff B.

On / / Staff B stated she had been working in facility for about 2 months.

On 11/21/2016 at 10:15 a.m. the Administrator acknowledged Staff B had not received the training.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to have at least one staff person trained in and First aid, present in facility at all times.

Findings as follow:

On / / at /a.m. Staff B and Staff C were observed in facility with 6 residents. No other Staff was present.

Record review showed that there was no documentation of the and First Aid trainings for Staff B or Staff C.

On / / at 10:09 a.m. the Administrator acknowledged Staff B and C had not received the and First AID trainings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review and interview the facility failed to provide documentation that 2 out of 3 (Staff B and C) staff who were responsible for preparing and serving food to residents were trained in Nutrition and food.

Findings as follow:

On / / at /a.m. Staff B (hired 2 months ago) and Staff C (hired a week ago) were observed in the facility caring for 6 residents. Staff B was observed in the kitchen cooking. At 11:00 a.m. Staff B and C were observed serving lunch.

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Record review showed that there was no documentation of the Nutrition and food trainings for Staff B and Staff C.

On 11/21/2016 at 10:09 a.m. the Administrator acknowledged Staff B and C had not received the Nutrition and food service trainings.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an accurate employee roster in the background screening clearinghouse database.

Findings:

On /_ :/_ _ _ at 8:15 a.m., observed Staff B (hired about 2 months ago) and Staff C (hired about a week ago) working with 6 residents.

A review of the staff schedule showed Staff A, D and E. Staff D and E no longer worked at the facility.

A review of the facility's roster in the Background Screening Clearinghouse database showed that no staff were registered.

On / / at 10:15 a.m. the Administrator acknowledged the facility failed to register the Staff on the clearinghouse roster.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review and interview, the facility failed to provide documentation of an attestation of compliance with background screening for 2 out of 3 (Staff B and C).

Findings as follow:

On / / at 8:15 a.m., observed Staff B (hired about 2 months earlier) and Staff C (hired about a week earlier) caring for 6 residents.

Record review showed the facility had no documentation of the background screening or attestation for Staff B and C.

On / / at 10:15 a.m. the Administrator acknowledged the facility had not performed the Level 2 background screening and had no background screening attestation for Staff B and C.

Unclassified

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review and interview the facility failed to ensure that two out of three sampled staff had an eligible Level 2 background screening (Staff B and C). The facility also failed to ensure that one of three sampled staff who had a controlling interest in the Facility, had an eligible Level 2 background screening (Staff D).

Findings:

On / / at 8:15 a.m. observed Staff B (hired about 2 months earlier) and Staff C (hired about a week earlier) caring for 6 residents.

Record review showed the facility failed to have documentation of the background screening for Staff B and C. Review of the AHCA background screening database showed Staff D as ineligible as of

On / / at 10:15 a.m. the Administrator acknowledged the facility had not performed the Level 2 background screening for Staff B and C and stated that she did not know she had to remove Staff D's controlling interest.