

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968499	(X3) DATE SURVEY COMPLETED R 01/31/2017
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 revisit was conducted on . AM Sweet Home ALF with Standard license (AL12397) had the following deficiencies identified at the time of the survey:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968499	(X3) DATE SURVEY COMPLETED R 01/31/2017
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)		
Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS Based on record review and interview the facility failed to ensure that any person who has a controlling interest in the facility had an Eligible Level 2 background screening result. Findings as follow: A review of the Facility Provider Locator database showed Staff D as the holder of a 50% controlling interest in the facility. A review of the Background Screening Clearinghouse Database showed Staff D's result as ineligible as of 01/24/2017. On 01/24/2017 at 12:15 p.m. the Administrator stated that she already removed Staff D from the corporation, but failed to send this updated documentation to the licensure unit. Unclassified		