STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET [redacted] ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15942 SW 61 LANE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial Licensure survey was conducted on at Sweet Hearth ALF, Inc. There were deficiencies found at the time of the survey (Lic #11185).

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to ensure that one out of six sampled residents (#5) had an accurate heath assessment (1823).

Findings included:

Record review found Resident #5's most recent health assessment (dated ( ) stated the resident was bed bound and needed nursing care with activities of daily living (ADLs). The assessment documented that Resident #5 need total assistance with all ADLs. Resident #5's was not completed, it did not document what type of assistance the resident needed with medication.

Observations on [redacted] at 10:00 AM found Resident #5 transferred from his [redacted], using his wheelchair without assistance from staff. Resident #5 observed feeding himself during lunch time. Resident #5 also asked staff to turn on the TV so he could watch it until his wife and daughter arrived to visit with him.

Interviewed the Administrator on at 4:30 PM, she stated that Resident #5 was not bedridden and the health assessment (1823) came from the hospital on [redacted]. The Administrator stated, the resident's health assessment needed to be changed because Resident #5 was not in need of total care and was not bedbound. Administrator stated that she will schedule a face to face examination with the facility doctor as soon as possible.

Class III

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted] for one out of five sampled employees (E).

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

Findings included:

Record review revealed Employee E was hired on . Employee E did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

Interviewed the Administrator on at 3:30 PM in regards to Employee E. The Administrator stated that she did not realize that this employee did not have the physical completed in the file, but will have one scheduled as soon as possible.

Class III

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

Based on record review and interview the facility failed to ensure that one out of five employees (B) had training in / .

Findings included:

Record review revealed the / certificate on file for Staff B could not be verified, dated . The employee was hired on . Record review found the facility failed to ensure that Employee B received the training.

Interviewed the Administrator on at 3:30 PM, she confirmed the training could not be validated.

Class III