STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	**03/02/2017**
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 Limited Mental Health (LMH) component expansion survey conducted on , 2017. Sweet Residence #3 had the following deficiencies identified at time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have an activities calendar posted for the month of .

Findings included:

Observations on at 9:30 AM found the activities calendar posted in the facility for the month of , 2017.

Interview on at 10:00 AM the Administrator stated, " I am waiting for consultant to bring it for me."

Class III

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

Based on observations, record review, and interview the facility failed to have a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observations on at 9:40 AM to 12:00 PM found the Administrator providing snacks and assisting the residents.

Record review found the facility did not have a staffing schedule/pattern.

Interview on at 10:00 AM the Administrator reported she work 7 AM to 5 PM every day and stated, " I am waiting for consultant to bring it for me."

Class III