STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	R 05/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET RESIDENCE #3	**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 revisit expansion survey conducted on and concluded on . Sweet Residence #3, license # 9961, had the following deficiencies identified at time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to adequately provide care and services appropriate to meet the needs of the residents by not properly assessing, monitoring, and supervising the safety and physical well-being of 1 out of 6 sampled residents (Residents # 2). The facility also failed to have written records and document that responsible parties were notified after 1 out of sampled residents (Resident #2) .

Findings include:

Interview was conducted on at 10:45 AM the Administrator stated, "Resident #2 went to the last Thursday. I called rescue, her son, and her physician. The resident was transferred to the hospital. Her son notified me that she had hip . She remains at the hospital."

Review of Resident #2's record showed she was admitted to the facility on and has a diagnosis of gait , secondary to right femur , , , and . The health assessment dated indicated she required supervision with eating and assistance with the rest of the activities of daily living (ADLs).

Hospital record review on showed that Resident #2 was transferred to the hospital on . She had left hip after a . She was discharged to a Skilled Nursing Facility on .

Record review found there was no documentation that Resident #2 on in the facility. There was no documentation that her primary physician and family members were notified at any time. There was no documentation of any intervention was created to minimize Resident's #2 in her record.

Class III

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

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

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

Findings include:

Observation on at 10:10 AM showed Staff A was in care of the residents and providing personal services to them.

Review of the staffing schedule for showed Staff A was not listed.

Interview conducted on at 10:40 AM, the Administrator acknowledged that the facility staffing schedule did not include Staff A.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report with the Agency within 1 business day for one out of six sampled residents (Resident #2).

Findings include:

Interview was conducted on at 10:45 AM the Administrator stated, "Resident #2 went to the last Thursday. I called rescue, her son and her physician. The resident was transferred to the hospital. Her son notified me that she had hip . She remains at the hospital. I was informed that I do not need to submit one day adverse incident report."

Hospital record review on showed that Resident #2 was transferred to the hospital on . She had left hip after a . She was discharged to a Skilled Nursing Facility on .

Class III