STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

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

Based on observation, record review, and interview, the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.

Findings included:

Observation on at 9:15 A.M. found Staff C in the facility during the survey taking care of five residents.

Review of Caregiver C's personnel record revealed her hire date was . Review of the background screening for providers revealed that facility's employee roster did not include Caregiver C and the manager.

Phone interview on at 1:21 P.M. the Administrator acknowledged that Staff C and manager were not listed on the facility roster.

Unclassified

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

Based on observation, record review, and interview, the facility failed to have completed attestation of compliance forms for 3 out of 3 (Staff A, B, and C).

Findings included:

On at 8:50 A.M., observed Staff C alone at the facility caring for 5 residents.

Record review showed the facility did not have completed attestation of compliance forms for Staff A, B, and C.

On at 2:20 P.M. the Administrator acknowledged the facility did not have the attestation of compliance forms for Staff A, B, and C.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A full monitoring was conducted on and concluded on . Sweet Care with Limited Mental Health component (AL 10732) had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed health assessment within 30 days of admission for 1 out of 5 (#2) sampled residents.

Findings included:

Review of Resident #2's file showed that hospice resident was admitted on and the facility did not have a completed health assessment (AHCA 1823 form) available for review.

During an interview on at 2:20 P.M., the Administrator acknowledged deficiencies found during the survey. He was able to provided electronic documentation during survey and review resident record to verified documentation missing.

Class III

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

Based on observations, record review, and interview, the failed to provide care and services appropriate to the needs of 2 out of 5 (#2 and #3) sampled residents.

Findings included:

Observations on at 8:50 A.M. found Staff C was working alone assisting five residents with all activities of daily living (ADLs).

The facility temperature was not appropriate (hot), windows were open. Per Staff C windows were open for fresh the air.

On at 10:22 A.M., the administrator acknowledged that facility was hot and the air conditioner was not working properly.

Further observations found two residents, a female and a male, sitting on the back porch. On at 9:40 A.M. Resident #4 yelled "I want water." Resident #2 was observed sitting outside there from 8:50

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	05/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET CARE HOME ALF, INC	**18260 SW 153 COURT MIAMI, FL 33187**

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

A.M. until now 12:00 P.M. without drinking water or been repositioned by staff.

On at 9:25 A.M. Staff C stated "I'm 24 hours living staff. We have 5 residents, one in hospices, one is a wheelchair bound and legally . Resident #4 needs assistance with everything he transferred with assistance but do not walked in his own."

On at 11:45 A.M. attempt to interview Resident #2 she was alert but confuse. She was unable to interview.

Review of Resident #2's file showed the resident was receiving hospices care. She was admitted at the facility on , the facility did not have health assessment (AHCA 1823 form) for review. Furthermore hospice plan of care showed diagnoses degenerative of nervous system, , , and . Resident #2 needed to be turned and reposition every 2 hours when in bed and hourly when in chair.

Resident #3's health assessment dated revealed diagnoses , , , S/P lumbar surgery, , , ( ), and . The resident needed supervision with ambulation, dressing, eating, self-care, toileting, transferring and assistance with bathing.

During an interview on at 12:05 P.M., Staff C stated she does not turn or reposition Resident #2 because she can do it in her own. She stated resident can asked for water if she want. Furthermore ,Staff C stated "now at lunch time Resident #4 get inside for lunch and after that she goes to bed." She stated that she offer snack to resident at 3:00 P.M. She acknowledged that was not health assessment on record for review.

Class III

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 have a physician's order and signed consent for the use of half side bed rails for 1 out of 5 (#4) sampled residents.

Findings included:

Observation on at 9:15 A.M. during a facility tour with Staff C revealed # was occupied by Resident #4. His bed a half bed rails attached on both sides. Per caregiver the resident cannot remove the rails in his own rails.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	05/01/2017
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

A review of Resident #4's file showed the facility did not have a physician's order for the use of half bed rails or a signed consented to the use of the half-bed rails signed by the resident or legal representative.

During an interview on at 11:02 P.M., the Administrator acknowledged Resident #4 does not have the bed rail order by a physician and the resident consent to the use of bed rail was not signed by resident or legal representative.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review, and interview, the facility failed to follow the proper procedures during assistance with self-administration of medication for 3 out of 5 (#3, #4 and #5) sampled residents.

Finding included:

Observation on at 12:22 P.M. revealed that Staff C unlocked medication cabinet took a medication for Resident #5's 0.5 Mg (noon). Staff placed the medication onto the resident's hand and walked away from the resident and did not observed resident swallowed the medication.

On at 12:23 P.M. Staff C assisting Resident #3's with self-administration of medications , 10 mg and , 300 mg. Staff C took the medication from the onto the resident's hands. Staff C did not read the medication label to the resident, and she walked away from the resident did not observe the resident swallowed the medication.

On at 12:25 P.M. Staff C assisting Resident#4's with self-administration of medication. Staff C called resident name "resident # 4" here is your medication." He stated "I can see."

During an interview on at 12:26 P.M. Staff C acknowledged that she did not followed the corrected procedures with self-administration of medications.

On at 12:25 P.M, the Administrator observed Staff C procedure with self-administration of medications. He acknowledged that Staff C did not followed that corrected procedure with self-administration of medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	05/01/2017
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that only licensed personnel administered medications to 1 out of 5 (#4) sampled residents.

Findings included:

Observation on at 12:25 P.M. found Staff C called resident's name "Resident # 4 " here is your medication." He stated "I can see." Staff punch medication pills Sucralfate 1 GM and , 5 mg in her hands and put it into resident mouth.

Record review showed Resident #4's health assessment (AHCA form 1823) dated specified that the resident needed assistance with self-administration of medication.

During an interview on at 12:26 P.M. Staff C acknowledged that she did not followed the correct procedures with self-administration of medications and she administered the medication to the resident. She stated "I'm not a nurse."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to update the medication observation records (MORs) immediately each time a medication was offered. The facility failed to maintain the MORs for 2 out of 5 (#1 and #2) sampled residents.

Findings included:

Observation on at 9:52 AM revealed that Caregiver C went to the kitchen and started initialing MORs.

During an interview on at 8:52 A.M., Staff C stated. "I'm initialing now. I assisted residents with their medication early morning but I did not initialed the MORs because I had a resident that need assistance with toileting."

Reconciliation of the medication reviled Resident #1's MORs were not initialed by staff for , 30 Mg, ordered at 8:00 A.M.; 2:00 P.M., and 8:00 P.M. on . The medication pill for 8:00 P.M. on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	05/01/2017
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

was still in the . Per Staff C, Resident #1 refused to takes the medication. Review of the MOR's found staff did not document that the resident refused to take the medication.

Review Resident #2's MOR's showed that medication , 10 mg was initialed on , physician order at 8:00 P.M., and the pill was in the medication .

During an interview on at 9:11 A.M., Staff C acknowledged the MORs was not initialed properly. She stated, "I'm not going to lie to you. I did not initialed the book. Resident #1 refused to take her pill last night and today and I do not have documentation of that."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to ensure stored medications were kept in a locked cart, other locked storage receptacle, or , at all times.

Findings included:

On at 8:52 A.M. observed the medication cabinet with the keys in the lock. Further observations found inside the refrigerator at 12:20 P.M. unlocked medication for Resident #4's , 0.005 % and , HCl_ , Solution 2.23/ 0.68, which not have a resident's name or physician order.

The Administrator and Staff C on at 12:21 P.M. acknowledged that was unlocked medication inside the refrigerator. The administrator walked to the refrigerator got the locked box and locked medication.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview, the facility failed to keep medications properly labeled.

Findings included:

On at 12:20 P.M observed inside the refrigerator unlocked medication, , HCl_ , Solution 2.23/ 0.68. The small bottle did not have resident's name or physician order.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

During an interview on at 12:21 P.M. Staff C and the Administrator were unable to identify to what resident the unlabeled medication belonged to.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have a manager who did not supervise another assisted living facility.

Findings included:

Review of the health finder website showed the appointed manager administered another facility. The facility failed to appoint a separate manager for each facility that did not supervise another facility.

During a phone interview on at 1:21 P.M. the Administrator acknowledged that manager administered another facility. He stated, "I will look for another manager."

Class III

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

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

Findings included:

Observations on at 8:50 A.M. found Staff C working alone at the facility and assisting five residents with all activities of daily living (ADLs).

A review of the staff schedule posted found it blank, staff names were not listed.

During an interview on at 9:59 A.M., the Administrator reviewed the staffing scheduled posted and he acknowledged the names were not listed. The Administrator wrote name A: Staff C (caregiver) and Staff B- Staff A (administrator).

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to ensure a safe living environment and ensure the facility had an appropriate temperature for the residents.

Findings included:

Observations on at 8:50 A.M. found five residents at the facility. The facility temperature was not appropriate (hot), windows were open. Per Staff C windows were opened for fresh the air. Further observation found # had a strong smell.

On at 10:22 A.M., the Administrator stated the facility was hot and the air conditioner was not working properly. He contacted a technician to came and fix it. He asked Resident #3 if the air-conditioned was working yesterday. Resident #3 stated it was hot. Observe the Administrator sweating. He contacted the technician over the phone again and stated he will pass by 5:00 P.M.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observations, record review, and interview, the facility failed to have a current health inspection report, emergency management plan approval, and an updated the admission and discharge log.

Findings included:

Review of the admission and discharge log revealed Resident's #3 and #4 names were not listed in the admission and discharge log.

The Administrator stated on at 9:51 A.M. those resident are not living at the facility Residents #6 and #7. On at 9:54 a.m., the Administrator acknowledged that the admission and discharge log was not updated.

The facility's last health inspection was dated and the emergency management plan approval later was dated .

On at 2:20 P.M., the Administrator acknowledged deficiencies found during the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**05/01/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have a completed demographic data sheets for 4 out of 5 (#1, #2, #3 and #4) sampled residents.

Findings included:

Review of Residents # 1, #2, #3, and #4 records revealed the resident's demographic information was missing prior address, telephone, , occupation, marital status, spouse's name, father's name, mother's name, emergency contact, services provider's name.

During an interview on at 11:02 P.M., the Administrator acknowledged that Residents #1, #2, #3, and #4 did not have demographic information completed with all the information requested on the forms.

Class III