STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967243	**06/22/2017**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6981 COOLIDGE STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

AMENDED

A monitoring inspection was conducted on . The Home Sweet Home Assisted Living, license #11301, had a deficiency identified at the time of the inspection.

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

Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not ensuring its existing mechanical systems were maintained in good working order.

The findings are:

In an observation on at 11:05am, the air conditioning unit located in the main hallway closet had a filter which was sucked into its coils. Further observation of this filter at this time, indicated that it was soiled with dirt and dust.

In an interview with the administrator on at 11:15am, she stated that she was not aware that the air conditioning unit was not maintained so that the filter did not get sucked into the unit's coils and that the filter was not changed for a clean filter. She stated that she was responsible to ensure that the air conditioning contractor came to the facility every month to maintain the air conditioning unit, and she was not sure when this contractor was last onsite to perform this maintennace service.

Class III