STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	R 07/25/2017

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 second revisit expansion survey conducted on . Sweet Residence #3, license #9961, had the following deficiencies identified at time of the survey:

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.

Findings included:

On at 8:27 AM observed the Administrator alone in the facility with a census of six residents.

Review of the staffing schedule for showed the Administrator and Staff D were scheduled to work from 7:00 A.M. to 7:00 P.M.

Interview conducted on at 8:50 A.M., the Administrator stated "Staff D is not working today because she is moving." The Administrator acknowledged the schedule was not updated.

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 submit an adverse incident report to the Agency within 1 day and 15 days after one out of six sampled residents (Resident #2) and sustained a .

Findings included:

Interview was conducted on at 9:00 A.M., the Administrator stated, my consultant filed the incident report.

The agency for health care administration (AHCA) database system was review and no results were found.

The facility did not provide documentation of an one 1 day and 15 days incident reports after Resident #2 who required assistance with toileting and bathing in the sustained a .

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Uncorrected Class III