STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	**08/23/2017**
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 Standard Biennial survey was conducted on . Sweet Care with Limited Mental Health component (AL 10732) had the following deficiency identified at the time of the survey:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to have a surety bond with minimum bond proceeds that equal twice the value of the residents' monthly income for two out of six (#1 and #4) sampled residents.

Findings included:

During an interview on at 12:18 P.M., Resident #4 stated social security sent the resident's check directly to the facility.

During an interview on at 12:40 P.M., Resident #3 also stated social security sent the resident's check directly to the facility.

Record review revealed facility did not have proof of a surety bond with a minimum bond that equal twice the value of the residents' monthly aggregate income in the facility at time of survey.

During an interview on at 1:18 P.M., the Administrator stated social security sent direct deposits of two of the resident directly to the ALF bank account for Resident #4 and for Resident #3. He stated, "I don't had a surety bond."

Class III