

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966557	(X3) DATE SURVEY COMPLETED R 09/25/2017
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NAME OF PROVIDER OR SUPPLIER SWEET CARE HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 18260 SW 153 COURT MIAMI, FL 33187
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

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

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

Based on observation and record review, 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 9:30 A.M. observed Staff D working alone at the facility and assisting four residents with all activities of daily living (ADLs).

A review of the staff schedule posted found that Staff D was scheduled to worked from 7:00 P.M. to 7:00 A.M.

Uncorrected Class III

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

Based on record review and interview the facility failed to have a weight record that was initiated on admission for one out of six (# 6) sampled residents. The facility failed to have a completed health assessment for one out of six (#6) sampled residents.

Findings included:

Record review showed that Resident #6 (admitted on _____) did not have weights recorded at the time of the admission. The health assessment dated _____ had not documentation of the height and weight (blank).

Review of Resident #6's file health assessment dated _____ showed a communicable _____ . Furthermore, the activities of daily living (ADLs) indicated the resident needed supervision and assistance with all (ADLs) and did not indicated what type of assistance the resident needed with their medications (blank). .

During an interview on _____ at 11:32 A.M. the Administrator stated that resident does not had any

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communicable . At 11:38 A.M., the Administrator contact primary doctor over the phone and he acknowledged that health assessment was no accurate. Uncorrected Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview the facility failed to ensure that a staff that is in direct contact with limited mental health residents have a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired for one out of four sampled employees (Staff C). Findings included: Record review of Staff C's record revealed that she was hired on . Staff C did not have the 6 hours limited mental health training available for review. The training on file was the 3 hour training was done on . On at 12:32 P.M. the Administrator stated, "I don't have the 6 hours training in working with limited mental health residents for Staff C." Class III		

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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 9:30 A.M. found Staff D in the facility taking care of four residents. Review of Staff C's personnel record revealed her hire date was , Staff D hired dated was and the Manager was hired on . Review of the background screening for providers revealed that facility's employee roster did not include Staff C, D and the Manager. During an interview on at 1:30 P.M. the Administrator acknowledged that Staff C, D and the Manager were not listed on the facility roster. He stated, "I'm going too updated now." Unclassified		