STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	R **09/26/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET RESIDENCE #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **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) expansion 3rd revisit survey was conducted on . Sweet Residence #3, (AI 9961), had a deficiency 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 a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

On at 11:30 a.m. Staff A was observed alone in the facility with a census of 6 residents.

Staffing schedule posted showed:
Staff A from 7:00 am to 7:00 pm
Staff B from 7:00 pm to 7:00 am
Staff C from 8:00 am to 5:00 pm

Record review revealed the schedule was not updated and another staff member was not present to cover the shift listed on the scheduled.

On at 12:30 p.m. Staff C stated that staff was in at doctor's appointment at a hospital.

Uncorrected Class III