

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966557	(X3) DATE SURVEY COMPLETED R 11/08/2017
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 Monitoring Revisit Survey was conducted on 11/08/2017. Sweet Care with Limited Mental Health component (AL 10732) had the following deficiencies identified at the time of the survey:

D162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a weight record initiated on admission for 1 out of 4 sampled residents (Resident #6).

Findings included:

Record review of Resident #6's file showed the resident was admitted on _____, health assessment dated _____, did not have documented the resident's weight.

On _____ at 10:50 AM He stated "I have recorded the weights in their files, the doctor forgot to write the weight on the health assessment."

Uncorrected Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on 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:

A review of Staff E's employee filed revealed the staff was hired on

A review of facility' staff schedule showed the Staff was scheduled to work for the month of /2017.

A review of the AHCA background screening clearinghouse website revealed Staff E was not listed in the facility's roster.

On at 11:30 AM Administrator stated "I know I had all my staff listed in the background screening website, my assistant administrator was supposed to take care of that."

Unclassified