STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	R 12/12/2017
NAME OF PROVIDER OR SUPPLIER **ALF SWEET HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 15TH ST** **MIAMI, FL 33174**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint (CCR#2017006796) second revisit survey was conducted on , 2017. ALF Sweet Home, LLC with Limited Mental Health component and license# 12978 had the following uncorrected deficiencies identified at the time of the survey:

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

Based on observation, interview and record review, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observation on at 10:12 AM revealed that Staff A and D were on duty and taking care of four residents.

Review of staff schedule revealed that on Staff D and H were on schedule to work from 7 AM to 7 PM, and Staff A and B from 7 PM to 7 AM.

In an interview on at 10:21 AM Staff A revealed that letter B shown on the calendar meant Staff H's name.

Uncorrected
Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the Assisted Living Facility failed to provide documentation that one out of eight sampled staff received the required training in assisting residents with self-administration of medications (Staff B).

Findings included:

A review of Staff B's personnel file revealed that Staff B did not have the required training in assisting residents with self- administration of medications .

In an interview on at 10:55 AM Staff A stated, "Staff B helps as needed. I do not see the training but it is marked that it was done."

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Uncorrected
Class III