STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	R 01/23/2018
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) component expansion survey 4th revisit survey was conducted on . . . . . Sweet Residence #3, (AI 9961), had deficiencies identified at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have proof of a satisfactory annual fire inspection.

Findings included:

Record review on . . . . at 2:00 PM showed a fire inspection dated . . . posted in the bulletin board.

Interview conducted on at 2:30 PM, Staff A stated that the facility has a current fire inspection but the document was not available for review at the time of the survey.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment for one out of four (Staff A) sampled staff.

Findings included:

Personnel record review showed Staff A did not have documentation from a health care provider that she did not have any signs or symptoms of a communicable . . . . . including . . . . . within 30 days of employment. Staff D was hired on .

Interview conducted on at 2:40 PM, Staff A acknowledged that her record did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965584	R **01/23/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis and submit it to the county emergency agency for review and approval.

Findings include:

Record review of the facility's posted emergency management plan approval letter showed the facility's plan was last approved on .

Interview conducted on at 2:30 PM, Staff A stated that the facility submitted the emergency management plan but the document was not available for review at the time of the survey.

Class III