STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	R 05/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET CARE HOME ALF, INC	**18260 SW 153 COURT** **MIAMI, FL 33187**

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

0000 - Initial Comments

A Monitoring 3rd Revisit Survey was conducted on 05/03/2018 . Sweet Care with Limited Mental Health component (Lic #10732) had the following deficiencies identified at the time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to ensure medications were kept in a locked cart, other locked storage receptacle, or , at all times.

Findings included:

On at 9:15 AM observed prescribed medication unlocked on the kitchen counter top. The medication card revealed the Sod 4 mg belonged to Resident #11.

On at 9:29 AM, Staff D stated," I'm going to be honest with you, I assisted Resident #11 with the medication and I left it outside.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview, the facility failed to ensure the Over the Counter (OTC) medications were labeled with the resident's names.

Findings included:

On at 9:15 AM revealed unlabeled over the counter medications in the medicine cabinet in the main kitchen. Medications were: D 1000 mg, C 500 mg, 600 mg, Iron, 1000 mg, , and 800 mg.

On at 9:29 AM, Staff D stated, OTC medication belonged to Resident #10.

Class III