STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964442	R 04/26/2018
NAME OF PROVIDER OR SUPPLIER **A SWEET ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18400 NW 81 COURT** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on , 26, 2018. A Sweet ALF, Inc (License # 9159) with Limited Mental Health components had the following deficiency identified at the time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review, observation and interview the facility failed to have an accurate health assessment in the record for two out of five sampled residents (Resident # 1 and # 2).

Findings included:

A review of Resident # 1's record revealed that her health assessment was completed on and reflected that the resident was under hospice services and required total assistance with her activities of daily living.

On at 8:15 AM. observed Resident # 1 leaving her a walker. The resident sat at the dining where she had breakfast on her own. At 8:20 AM observed Staff D assisting the resident with self-administration of medications. At 8:45 AM, the resident stood up from the chair assisted by the caregiver, grabbed the walker, walked to the family sat in an arm chair.

On at 10:05 AM Staff D stated, "Hospice girl comes every day and give her a bath in the dresses her and wash her and comb her hair. She is able to use the I go with her because she is unstable when walking."

Review of Resident # 2's record revealed that he had the same health assessment as was reviewed previously, and the section asking if the resident required any assistance with the medication was blank.

On at 10:25 AM Administrator stated, "I will have a new health assessment done."

Uncorrected Class III