STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	R 08/06/2018
NAME OF PROVIDER OR SUPPLIER **SWEET LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15505 SW 16 LANE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial revisit survey was conducted on , 2018 and concluded on , 2018 at Sweet Living Facility, Inc. (license #10526) with limited mental health (LMH) component. The facility had the following deficiencies at time of survey:

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

Based on observation and interview, the facility failed to keep prescribed medication locked and failed to dispose a discharged resident's medication.
Findings included:

On , 2018 at 12:15 pm, observed inside an unlocked closet, medication .5% for a resident who was no longer residing at the facility.

On , 2018 at 2:15 pm, Administrator and Manager acknowledged the unlocked medication and stated that they were in process of discarding all the resident's medications as the resident has , .

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Surveyor: Chantez, Lourdes

Based on record review and interview, the facility failed to appoint a separate manager for each facility.

Findings included:

Record review of the employee roster from the background screening database showed that the Manager of the facility was hired on , 2018 and also managed two other facilities. Record review of the roster during survey showed the Manager was also managing one more facility.

On , 2018 at 2:15 pm, the Administrator acknowledged that the facility did not have a separate manager for the facility.

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	R **08/06/2018**
NAME OF PROVIDER OR SUPPLIER **SWEET LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15505 SW 16 LANE** **MIAMI, FL 33185**	

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

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Surveyor: Chantez, Lourdes

Based on record review and interview, the facility failed to have the initial Limited Mental Health (LMH) training for one out of five sampled staff, (Staff D).

Findings included:

Record review for Staff D, hired on . . . . , did not have the initial required training.

On . . , , 2018, at 1:00 pm, the Administrator stated, "Originally, Staff D had the appointment for . . , 20th but the staff was out sick and had to re-schedule for , . ."

Uncorrected Class III