STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	R 10/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET HOPE ASSISTED LIVING CORP	**13551 S W 208 STREET MIAMI, FL 33177**

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. Sweet Hope Assisted Living, Corp., license number 11476, had the following deficiencies identified at the time of survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have written notes for one of four sampled residents (Resident 4) , had a , and was sent to the hospital.

Findings included:

Review of Resident 4's record showed a health assessment dated with precautions and total for all activities of daily living. The facility did not have any written progress notes after Resident and was sent to the hospital with a .

On , 2018 at 9:00 AM, Staff B stated, "We have never done progress notes, we were not aware that we were supposed to."

Review of the hospital record showed Resident 4 was admitted and discharged .
Diagnoses: pain, chronic , accidental , left clavicular .
Assessment plan: "Because of the nature of the and the lack of displacement, the patient will be treated non , conservatively with pain management, a sling and occupational ."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to one of four sampled residents (Resident 4).

Findings included:

On , 2018 at 9:00 AM, Staff B stated, "The resident used to sign the checks but the grandson

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does not take care of her that well, the resident does not have a power of attorney; the social worker advised that we get the checks directly from the social security because she noticed that the resident might be losing her mind."

Record review found the facility did not have a surety bond.

Class III

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

Based on record review and interview, the facility failed to verify that the most current health assessment of one of four sampled residents (Resident 4) was accurate.

Findings included:

Review of Resident 4's records showed the last health assessment was dated and documented total care for all activities of daily living.

On , 2018 at 9:00 AM, Staff B stated, "The health assessment must be an error, because the resident is not in hospice."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an incident report within 1 business day after an adverse incident and a full report within 15 days of the incident that requires to be reported online.

Findings included:

On , 2018 at 7:30 AM during the tour of the facility, observed an empty bed in 1. According to Staff B, "Resident 4 and cut the head; the resident was trying to get up from bed by herself and ; it happened around 2:30 or 3:00 PM. The resident went to the hospital and now is in rehab."

Review of Resident 4's record showed a health assessment dated with precautions and total for all activities of daily living. The facility did not submit an adverse repot to the Agency after

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Resident 4 and was sent to the hospital with a .

On , 2018 at 9:00 AM, Staff B stated, "The resident had a cup of water next to the bed; the cup to the floor and the resident tried to get up. We are not sure if Resident 4 did that to clean the water from the floor or what, but . The staff just had put Resident 4 back to the bed after the resident sat down for a while in the living area after lunch; when Resident 4 was coming from the , the staff heard the falling."

Review of the hospital record showed that resident 4 was admitted and discharged .
Diagnoses: pain, chronic , accidental , left clavicular .
Assessment plan: "Because of the nature of the and the lack of displacement, the patient will be treated non , conservatively with pain management, a sling and occupational ."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to store a minimum amounts of fuel supply (48 hrs.) on the property in accordance with local zoning and the Florida Building Code. The facility failed to provide a detailed written policies and procedures to serve as a supplement to its Comprehensive Emergency Management Plan (CEMP) that should be available for inspection by each resident or each resident's legal representative. The facility failed to notify within 5 business days in writing each resident and the resident's legal representative of the existence of the equipment. The facility failed to provide proof of a monoxide detector, arrangements for equipment maintenance, portable fans and portable air conditioners.

Findings included:

On , 2018 at 10:00 AM, observed a portable generator stored in a corner of the living . It was also observed the facility did not have a monoxide detector inside the facility.

Review of the facility locator on the Florida health finder showed an implementation date of .

Review of the facility's records showed no proof of written policies and procedures. Review of all residents 'records showed no written notice of equipment.

On , 2018 at 10:00 am, Staff B acknowledged that most of the required items were not

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available and stated, "We will purchase the two fuel tanks that are required and then , days before a storm, we will purchase more. In reference to the procedures and notice to the residents, we will start working on it as soon as possible. We need to purchase the detector, portable A/Cs and portable fans."

Class III