

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966304	(X3) DATE SURVEY COMPLETED R 10/24/2018
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

A Complaint (CCR# 2018012565) Revisit Survey was conducted on 10/24/2018. Sweet Living Facility Inc. (License #10526) with Limited Mental Health component had deficiencies identified at the time of the survey.

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

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

Findings included:

Record review revealed Staff A was hired on The record did not include a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable

Interview conducted on at 11:00 AM, the Administrator acknowledged that Staff A's 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

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on observation, record review, and interview, the facility failed to provide documentation ensuring that staff who provided direct care to residents received the required in-service training within 30 days of employment for one out of one (Staff A) sampled staff.

Findings included:

Observations on at 9:20 AM found Staff A in the facility caring for the residents and providing personal services to them.

Staff record review showed Staff A (hired) did not have the in-service training in the following areas: Reporting major incidents and adverse incidents, Facility emergency procedures including

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chain-of-command and staff roles relating to emergency evacuation, Residents rights, Recognizing and reporting resident, neglect, and, Resident behavior and needs, Providing assistance with the activities of daily living, and the facility's resident elopement response policies and procedures within thirty (30) days of employment. Interview conducted on at 11:00 AM, the Administrator acknowledged that there was no documentation that Staff A received the in-services training. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC Based on record review and interview, the facility failed to ensure the staff who assisted residents with self-administration of medication obtained a minimum of initial training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for one out of one (Staff A) sampled staff. Findings included: A review of Staff A's record showed the staff member did not receive the initial of training regarding assistance with self-administered medication. Interview conducted on at 11:00 AM, the Administrator acknowledged that the medication training for Staff A was not available for review. She said that Staff A assisted the residents with self-administered medications. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview the facility failed to store a minimum amounts of fuel supply (48 hrs.) on cite. Findings included: Observation on at 9:30 AM showed that the facility had two five gallons of gasoline. Interview conducted on at 10:00 AM, the Administrator stated that the generator needed eight		

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gallons of gas every twelve hours for the operation of the alternate power source. She confirmed that the facility had less than the required amount fuel storage on site. Class III Uncorrected Deficiency		