STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	**11/16/2018**
NAME OF PROVIDER OR SUPPLIER **ALF SWEET HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 15TH ST** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A standard biennial survey was conducted on 11/06/2018 and concluded on . ALF Sweet Home, LLC with a Limited Mental Health component, had the following deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility, whose administrator operated an additional assisted living facility, failed to have a manager.

Findings as follow:

Background screening database review showed the Administrator supervised two facilities.

Employee and facility record review showed that no manager was appointed.

On at 3:00 PM, the Owner stated there was no manager because he believed it was not required when facilities were near each other.

Class III

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

Based on record review and interview, the facility failed to provide documentation of current freedom from ( ), signed by a health care provider, for 7 out of 7 sampled staff (Staff A, B, C, D, E, F, G).

Findings as follow:

A review of the personnel records showed no documentation of freedom from for Staff A, Staff B, Staff C, Staff D, Staff E, Staff F or Staff G signed by a healthcare provider. The statements were signed, but credentials of the healthcare provider were not listed.

On at 3:00 PM the owner stated all staff would obtain a new freedom from statement from their doctors.

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Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain a written work schedule.

Findings included:

On at 8:50 AM observed Staff C caring for and providing personal services to the residents.

Facility record review showed no work schedule available for review for .

On at 2:50 PM, the Owner stated that he had to do a new schedule for the month of .

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on observation, record review and interview the facility filed to have at least one Staff present, trained in , , ( ) and First Aid at all times.

Findings as follow:

On at 8:50 AM Staff C was observed on duty alone, taking care of 6 residents.

Record review showed no documentation of or First AID training for Staff C.

On at 2:00 PM Staff C stated she had not received and First Aid training.

On at 2:30 PM the owner stated Staff C would go to receive and First Aid trainings immediately.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

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Based on interview and record review the facility failed to have 1 out of 7 staff trained in providing assistance with self administration of medications before assuming this responsibility (Staff C).

Findings as follow:

On at 10:10 AM Staff C stated that she assisted residents with self administration of medications.

Record review showed no documentation of the medication training for Staff C.

On at 2:30 PM the Owner stated Staff C did not have the medication training because she was only working in the facility for a short time.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and decent living environment.

Findings as follow:

On at 9:00 AM it was observed the front and patio of the facility had the grass at high level, and dying plants were observed all round. In # , observed the window blinds were missing. In # , one of the beds had part of one shorter than the rest so the bed was not parallel to the floor. The entrance door wood was peeling.

On at 1:00 PM the Owner stated that he was waiting for the man who cut the grass. He stated that he would replace the curtain and fix the door in # . He stated that was planning to buy a new bed also.

Class III

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

Based on observation, record review and interview the facility failed to have documentation of a prescription for bed rails for one of six sampled residents (Resident #1). The facility also failed to have the recorded every six months for one of six sampled residents who received assistance with the activities of daily living (Resident #1). The facility failed to provide documentation of the interdisciplinary

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care plan for a resident receiving hospice services (Resident #1).

Findings as follow:

On at 9:00 AM Resident #1 was observed in bed with full bed rails.

Review of Resident's #1 health assessment dated showed the Resident was bedridden and had a diagnosis of , , and a . The resident needed total assistance with the activities of daily living. Further record review showed resident was under hospice care.

Review of Resident's #1 record also showed the facility did not have a prescription for bed rails for this resident, failed to have Resident's #1 recorded every six months and failed to have a hospice plan of care available for review. The hospice plan of care available for review was for the period from until .

On at 1:00 PM the owner stated that he believed the bed rail prescription, and care plan were in Resident's #1 records. The owner looked for it without success.

Class III