STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	R 12/19/2018
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) 2nd Revisit Survey was conducted on 12/19/2018. Sweet Living Facility Inc. (License #10526) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 out of 6 (Resident #1) sampled residents.

Findings as follow:

Review of Resident #1's assessment date showed the diagnosis section was not completed (it was blank).

On at 12:03 PM the Administrator stated that the diagnosis was in a separated prescription note.

Class III

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

Based on observation, interview, and record review the facility failed to complete an incident report for 1 out of 6 (Resident #1) sampled residents and required to be transferred to the hospital.

Findings as follow:

On at 11:00 AM Resident #1 was observed in bed with a and a bump with a cut on the forehead over her right .

On at 11:00 AM the Administrator stated that about 15 days ago, Resident #1 in the facility. Resident #1 fainted in the living room. She stated that she called hospice who recommended to send Resident #1 to the hospital. She stated Resident #1 was sent to the hospital.

at 11: 10 AM the hospice case manager stated that on Resident #1 was admitted to hospital due to a in facility. The facility called hospice, we sent a nurse who evaluated the

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resident and called the hospice doctor who recommended to send her to the hospital.

at 11:35 AM the nurse from hospice stated the facility called hospice because Resident #1 was . . . . . from a . . . on her forehead. He evaluated Resident #1 and called the hospice doctor who recommended to transport her to the hospital.

at 11:45 AM the Administrator stated that when resident was sent to the hospital, she did not have . . . . . or a cut that was the reason why she did not completed an incident report.

Resident #1 Assessment review (dated . . . . .) showed resident was required . precautions.

Class III