

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969088	(X3) DATE SURVEY COMPLETED R 01/02/2019
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 revisit survey was conducted 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 1:30 PM, the Owner stated there was no manager because the administrator only supervises two facilities. Uncorrected Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to update its background screening employee roster as required. 1 of 5 staff, who were no longer employed at the facility, still appeared as an activity employee (Staff A). Findings: A record review revealed Staff A was removed from the employee roster, but still appeared as an active employee on the Staff Schedule. Staff A was hired on 11/18/2018 and ended on In an interview on at 12:40 PM, the Owner stated the employees listed on the posted staff schedule were current. He stated Staff A didn't work at the facility full time, but was an alternate/emergency staff, if needed. He said this was why she was removed from the employee roster but still appeared on the Work Schedule. Unclassified		