

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/10/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED R 11/02/2016
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1613 MONROE SHEFFIELD RD CHIPLEY, FL 32428	

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

0000 Initial Comments

An unannounced revisit survey was conducted at Home Sweet Home Assisted Living Facility, license number on 11/2/16. At the time of survey the deficient practice was not corrected and was re-cited.

0079 Staffing Standards - Levels

Based on record review and staff interview upon the revisit the facility failed to maintain 212 staff hours weekly for 6-15 residents.

The findings:

A record review was conducted of the facility's staff hours per the staffing schedule presented by the Assistant Administrator and then confirmed by the Administrator. The total weekly staffing hours totaled 179 hours weekly for the three staff instead.

On 11/2/16 at approximately 1:00PM, an interview was conducted with the Administrator and the Assistant Administrator who confirmed the weekly hours and the hours being short per regulations.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Home Sweet Home
1613 Monroe Sheffield Rd
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 2, 2016 by representatives of this office. Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

YOSF

