STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	**08/22/2017**
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 complaint Investigation Survey CCR#2017006796 was conducted on . ALF Sweet Home, LLC with the Limited Mental Health component, License# 122978 had the following deficiencies found at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observations, record review, and interview the facility failed to provide documentation of a current Health inspection and Emergency Management Plan.

Findings included:

On at 8:15 AM, observed that the Health inspection was dated and the Emergency Management Plan was missing from the bulletin board where all the other licenses and permits were posted.

On at 11:30 AM, the owner stated that he was going to find the reason why these documents were not up to date because the consultant just checked all the documents and she said that everything was fine.

Class III

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

Based on record review and interview, the facility failed to ensure one out of six sampled residents had valid a Power of Attorney (POA), Surrogate or Guardianship documentation in the charts (Resident #1) .

Findings included:

A review of the resident record found that Resident #1's daughter signed the admission documents. Further review showed that there was no documentation of a POA/Surrogate or Guardianship, notarized properly identifying the daughter as being able to sign these documents on the residents' behalf.

On at 10:50 AM the owner stated that resident's daughter was the one who signed the documents and told him that she was going to bring the POA but up to now she had not brought anything.

Class III

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