STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965742	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring For You I Alf, Inc	5210 Sw 5 Terrace Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey was conducted on , 2014. Caring For You I, Assisted Living Facility had the following deficiencies identified.

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

Based on observations and interview the facility failed to ensure the facility the appliances are in working order and provide care and services of a clean and homelike for allresidents.

Finndings include:

Observations made during tour on at 9 a.m. in the kitchen was observed, the stove was turn on and it did not work. The owner told me that he disconnected the stove yesterday because when cooking it spread a bad odor/ He disconnected the stove and waiting for person to come and repair it. The owner told administrator to plug the stove back. They pull the stove and plug it in. Then push the stove back.

When the stove was turned on there is only two plates working out of the four. Stove is not working properly. Pictures taken.

At arrival at 9:00 a.m. the facility smell like . each toured and the smell increased. The residents were gathered in the common area where they were dressed nicely and just finished there breakfast. Tour of the remaining and contained the strong odor.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Caring For You I Alf, Inc
5210 Sw 5 Terrace
Miami, FL 33134

Dear Administrator:

Re: CCR #2014003453

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure
XG90

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