STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964226	R 02/20/2017
NAME OF PROVIDER OR SUPPLIER **FEBA LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6120 NW 2ND STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Revist Survey was conducted on . Feba Living Care Inc License #8876 with Limited Mental Health component had the following deficiencies identified at the time of the survey:

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

Based on observations and interview, the facility failed to maintain a decent and clean environment for four of four residents (Residents # 1-4).

Findings included:

Facility tour on at 8:20 a.m. found the air conditioner (AC) vent had a black substance around it and on the ceiling in the common area in # . Further observation showed, in # occupied by a Resident, there was a bed mattress in bad condition with dirty bed linens.

During an interview on at 8:20 a.m., Staff B acknowledged the air conditioner and ceiling needed to be cleaned and that the bed linen in # needed to be replaced for better one.

Class III

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

Based on observation, record review and interview, the facility failed to have an up-to-date admission and discharge log listing the names of all residents.

Findings included:

On at 8:20 a.m., observed that there were four residents present. Resident #4 was not living at the facility.

Review of the admission and discharge record showed Residents # 4 did not appear in the admission and discharge record as a discharged resident.

During an interview on at 8:53 A.M., Staff B stated that Resident #4 had not been living at the facility since the previous month. She acknowledged that Resident #4 was not discharged from the facility according to the admission and discharge log.

Class III

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