STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911921	**03/01/2017**
NAME OF PROVIDER OR SUPPLIER **GABRIELS' HOME ALF,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11232 SW 7TH ST** **MIAMI, FL 33174**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Gabriels' Home ALF a with Standard license (#AL7810) had the following deficiencies at the time of the visit:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview the facility failed to have an accurate staffing schedule.

Findings:

On at 7:45 a.m. Staff B and C were observed working in facility with 9 residents.
On at 8:15 a.m. Staff F arrived.

A review of the staff schedule showed that Staff F and Staff G were both scheduled to work from 7 am to 3 pm.

On at 11:41 a.m. the Administrator stated that the staffing schedule was not followed because Staff F and G had personal emergencies and did not come to work.

Class III

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

Based on record review and interview the facility failed to have an up-to-date fire inspection.

Findings:

Record review showed the facility's last fire inspection was dated .

On at 10:00 a.m. the Administrator stated the fire inspector had not come to do the inspection. The Administrator then called the fire department and said that they would be doing the inspection before the end of the week.

Class III