STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	R 03/08/2017
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on 03/08/17. Excellent Care ALF, LLC with Limited Mental Health component license # 10946 had the following deficiencies found at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, and record review, the facility failed to provide activities to residents as scheduled.

Findings included:

On . . . . . between approximately 10:00 am and 2:00 pm, observed Residents #1 and 2, who had not left to go to a day program, sitting outside smoking. They were not participating any activities.

Record review found that the activities calendar posted on the bulletin board in the dining are was dated for . . . . .

On . . . . . at 10:00 AM, Caregiver(B) stated that the activities calendar was brought by the administrator last week but she did not know where she put it.

Uncorrected Class III

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

Based on observations, record review, and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period

Findings included:

On . . . . . at 7:15 AM during the tour was observed staff B and C working in the facility, taking care of the four residents and assisting them with activities of daily.

During record review, observed that the staff schedule posted on the bulletin board was dated for the month of . . . . . , 2017.

On . . . . . at 10:30 AM, Caregiver B stated that the staff schedule was brought to the facility by the administrator but apparently she misplaced it and she did not know where she put it.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	R **03/08/2017**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT CARE ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

SUMMARY STATEMENT OF DEFICIENCIES
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Uncorrected Class III