STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**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 Change of Ownership Survey was conducted on . Excellent Care ALF, LLC with Limited Mental Health component license # 10946 had the following deficiency 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 have a current, Emergency Management Plan.

Findings included:

On at 7:15 AM during a tour of the facility, observed that the Emergency Management Plan was missing from the bulletin board where all the other licenses and permits were posted.

On at 11:00 AM during an interview with Caregiver B, she stated that she was going to find out why the facility did not have the Emergency Management Plan because she knew that the Administrator had paid for it already.

Class III