STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911035	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **ST ANNE'S RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11855 QUAIL ROOST DRIVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . St Anne's Residence with a standard license (AL 5277) had the following deficiency identified at the time of the visit:

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

Based on record review and interview the facility failed to have an annual satisfactory fire inspection.

Findings as follow:

Record review showed the fire inspection dated on showed the following violations:
1 14-61 (D) failure to provide runner service
2 FFPC 5th edition NFPA 72 14.2.1.2.2 System defects and shall be corrected.
3 NFPA 1 13.5.4.1 A private fire service main installed in accordance with this code shall be properly maintained to provide at least the same level of performance and protection as designed. The owner shall be responsible for maintaining the system and keeping it in good working condition.

On at 2:54 p.m. the Administrator stated the fire department cited deficiencies were already corrected but they were waiting for the fire inspector to clear it.

Class III