STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964394	R **04/11/2017**
NAME OF PROVIDER OR SUPPLIER **SALMO 23 ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **277 EAST 4 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on , 11, 2017. Salmo 23 Elder Care with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey.

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility who is the payee for six of the residents failed to have a surety bond.

Findings included:

On at 9:37 am Staff C stated they are payees for some of the residents.

Review of facility records revealed the facility did not have a surety bond at the time of the survey.

Interview on revealed that Staff C stated at 11:44 pm that the Administrator was looking for insurance estimate.

Uncorrected Class III