STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964920	R **04/10/2017**
NAME OF PROVIDER OR SUPPLIER **A HOME AWAY FROM HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1851 SW 142nd AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Abbreviated Survey to Standard Revisit survey was conducted on , 17, 2017. A Home Away From Home ALF Inc License #9562 had the following deficiencies identified at time of the survey:

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

Based on record review and interview the facility failed to have the current Comprehensive Emergency Management Plan (CEMP), and a updated sanitation inspection available.

Findings included:

Record review on at 10:30 AM found the facility last CEMP was dated expired . The sanitation inspection was found dated . . . . . expired . . . . . . There was no documentation of updated approvals.

Interviewed on at 2:00 PM, Staff B stated, "I will let the Administrator know."

Uncorrected
Class III