STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**04/18/2017**
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on , , 2017. Maud's Place with limited nursing services and limited mental health components, license number 10440 had the following deficiency identified at the time of the survey:

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview, the Assisted Living Facility failed to employ or contract with a nurse to provide limited nursing services.

Findings included:

Review of facility's record revealed that there was no documentation indicating that facility hired a nurse to provide limited nursing services.

An interview on at 10:54 AM the Caregiver A revealed that she was not able to find the nurse's documentation.

Class III