STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966015	R **05/01/2017**
NAME OF PROVIDER OR SUPPLIER **ADVANCED ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14335 SW 288 STREET** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

An Abbreviated Biennial revisit survey was conducted on , , 2017. Advanced ALF Corp with limited mental health component and license number 10348 had the following uncorrected deficiency identified at the time of the survey:

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to provide documentation that one out of four staff members were trained in food service (Caregiver D) .

Findings:

A review of Caregiver D's personnel record revealed there was no documentation of the food service training. Caregiver D's hire date was on .

On at 1:22 PM while Administrator called caregiver D, Caregiver D informed Administrator that she did not have the nutrition training. The Administrator during further interview at 1:25 PM stated, "Yes" when she was asked if caregiver D cooked.

Uncorrected
Class III