STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966547	**05/03/2017**
NAME OF PROVIDER OR SUPPLIER **ADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **683 NW 122 Place** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Complaint Investigation Survey (CCR#2017002266) was conducted on . Ada ALF License #10770 had the following deficiency found at the time of survey:

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

Based on record review and interview, the facility failed to keep an up-to-date admission and discharge log.

Findings include:

A record review of the facility's admission and discharge log revealed, Resident #6 was not listed.

On at 10:01 AM , the Administrator stated "I did not have Resident #6 on the admission and Discharge log because she was just recently admitted this week."

Class III