STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966015	**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

A complaint inspection (CCR# 2017002258) was conducted on , , 2017. Advanced ALF Corp with limited mental health component (license number 10348) had the following deficiency identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the Assisted Living Facility failed to have an Administrator that passed the CORE competency test no later than 90 days after becoming employed as a facility administrator.

Findings included:

A review of the Successful Examinees for Assisted Living Facility- CORE Competence Test database revealed that the Administrator was not listed.

A review of the Administrator's personnel record revealed that her hire date was and applied for position of administrator. There was no documentation that the Administrator passed the CORE Competence Test.

Interviewed on at 1:14 PM, the Administrator revealed that she failed the CORE test.

Class III