

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910969	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER JESUS OF NAZARETH ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801-2803 SW 37TH COURT MIAMI, FL 33134	

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

0000 - Initial Comments

A standard biennial survey was conducted on . Jesus of Nazareth ALF with limited mental health component (AL4911) had the following deficiency identified at the time of the survey:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on interview and record review the facility failed to have a surety bond in the amount equal to twice the average monthly aggregate income or personal funds for 3 out of 13 (Residents #5, #7 and #8) residents.

Findings as follow:

On at 11:15 a.m. the Administrator stated the facility was receiving monthly payments through Direct deposit of the Social Security checks for Residents #5, #6 and #7. The Administrator stated the facility had no surety bond.

Record review showed the facility had no documentation of a surety bond.

Class III