STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967052	**07/03/2017**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **8275 SW 47 TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . San Judas Assisted Living Facility, License #11145, had a deficiency found 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 facility failed to appoint a manager for the facility, the administrator supervised more than one facility.

Findings Included:

A review of the health facility finder website revealed the administrator for the facility is also the administrator for two additional facilities.

A review of staff employee files showed Staff F was hired and did not have evidence of CORE training.

On at 9:42 AM interview with the Administrator stated Staff F was supposed to be her Manager but she has not passed CORE exam.

Class III