STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	R **09/05/2017**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A monitoring for checking on residents' status revisit survey was conducted on , 2017 and concluded on , 2017. Living Well ALF #2 with license number 11461 had the following uncorrected deficiencies found at the time of the visit:

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

Based on record review and interview, the Assisted Living Facility (ALF) failed to appoint a Manager for each facility.

Findings included:

A review of the Florida Health Finder database showed that the Administrator supervised two ALFs.

A review of the facility's records revealed that Administrator appointed Staff B as the manager for each facility.

A review of the Florida Health Finder database revealed the Manager supervised one ALF.

On at 1:23 PM the Administrator revealed that the Manager for the two facilities was Staff B.

Class III
Uncorrected

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	R **09/05/2017**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on record review and interview, the Assisted Living Facility failed to provide documentation to show financial stability and ability to operate.

Findings included:

The facility's bank statements for the prior six months were requested but only three months were given on .
The facility's bank statements for the last six months were requested but only three months were given on .
Income and expense records for the prior six months were requested but not provided.
Utility bills for the prior six months were requested but only electric and water bills for two months were provided.

In an interview on at 1:46 PM the Administrator stated that that facility's bank statements will be provided.

Unclassified
Uncorrected