STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966115	R 08/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS FOREVER, INC	**7201 SW 142 AVENUE** **MIAMI, FL 33183**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2017. Angels Forever, Inc. with Limited Mental Health component and license #10378 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 appoint a manager that is not the administrator or the manager for any other facility.

Findings included:

Review of Florida Health Finder database revealed that Administrator operated two assisted living facilities.

In an interview on at 12:50 PM the Administrator confirmed that she administered two assisted living facilities. Thee Administrator also stated that each facility had a separate manager.

A review of the background screening clearinghouse database revealed that the Manager administered two other assisted living facilities.

A review of the Florida Health Finder database revealed that the Appointed Manager administered two assisted living facilities.

Class III
Uncorrected