STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968250	R **10/04/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	**1750 NW 41 STREET MIAMI, FL 33142**

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

0000 - Initial Comments

A Complaint (CCR#2017004925) Revisit Survey was conducted on 4th, 2017. Calvinelle South ALF Inc with Limited Mental Health and Limited Nursing Service components (License# 12229) had the following deficiency found at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain an accurate written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings included:

Observation on . . . . at 11:35 AM revealed that there was one staff on duty: Staff D.

A review of the posted staffing scheduled revealed that on . . . . , Staff D and H were scheduled from 7 AM to 7 PM.

In an interview on at 11:40 AM Staff D revealed that Staff H had not arrived.

Uncorrected
Class III