STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964867	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **HERNANDEZ & SONS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7265 NW 5 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Hernandez & Sons ALF Inc with Limited Mental Health Services (AL 9720) had the following deficiency found at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of an annual fire inspection.

Findings as follow:

A review of the facility's records showed that the last fire inspection documentation was dated .

On at 3:40 PM, the Administrator stated they were waiting for the fire inspector.

Class III