STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	R 11/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICKY'S HOME ALF	**6402 SW 41 STREET** **MIAMI, FL 33155**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2017. Vicky's Home ALF with limited mental health component, license #11137, had the following uncorrected deficiency identified at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on interview and observation, the Assisted Living Facility failed to provide on each resident : a closet or wardrobe space for hanging clothes; a dresser, chest or other furniture designed for storage of clothing or personal effects; a table or nightstand, bedside lamp or floor lamp, and comfortable bed with a mattress. The facility failed to keep a maximum of two bed per .

Findings included:

In an interview on at 11:50 AM Staff C stated, "we fixed almost everything but still are working with the ."

Observation on at 2:10 PM revealed that there were two beds, 1 chest, and one closet. There were no table or nightstand, in # . The chest in # was broken. Resident #9's bed was not comfortable; it was sunken in the middle.

Observation on at 2:14 PM revealed Resident #3's bed was not comfortable; it was sunken in the middle.

Observation on at 2:20 PM revealed that there were 3 beds and 3 chests in # . There were no closet, no table or nightstand, no bedside lamp or floor lamp in # . One of the dresser missed a drawer and had a hall. Resident #5's bed was ripped in the middle.

Class III
Uncorrected