STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965784	**11/14/2017**
NAME OF PROVIDER OR SUPPLIER **CENTURY ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15900 SW 72 TERRACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A standard biennial survey was conducted on 11/ . Century Assisted Living Facility, Inc. with a standard license (#10129) had the following deficiency found at the time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a Power of Attorney (POA), Surrogate or Guardianship documentation for 1 out of 6 (#2) sampled residents.

Findings included:

Record review showed Resident #2 was admitted on , the contract was signed and dated by resident's daughter.

On at 11:00 AM during an interview with the Administrator of the facility, she stated that she thought that the POA was on the resident's file but that she was going to get it and fax it to the office.

Class III