STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953314	**11/13/2017**
NAME OF PROVIDER OR SUPPLIER **ALTON ACLF HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2090 NW 115TH STREET** **MIAMI, FL 33167**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 11/ . Alton ACLF Home (License #8582) with Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on observation and interview the facility failed to maintain facility furnishings and appurtenances in good working order.

Findings included:

Observations on at 9:00 AM found # 's closet door & and the door separating the washer and dryer unit in common area were broken. The refrigerator in the common area was rusted on the outside doors. The chairs in the dining found with no backs. The chairs had peeling pain and rust down the legs of each chair. (photos taken).

On at 9:30 AM the Administrator acknowledged the physical damage and said he "has a guy coming to fix them."

Class III

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

Based on record review and interview the facility failed to have a signed contract for one out of six sampled residents (#1).

Findings included:

A review of Resident #1's record (admitted) file showed that there was a contract which was not signed.

Interviewed on at 1 PM, the Administrator acknowledged that staff was unable to locate Resident #2's signed contract.

Class III