STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967939	**11/30/2017**
NAME OF PROVIDER OR SUPPLIER **MERCEDES & FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 NW 183 STREET** **MIAMI GARDENS, FL 33055**	

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

0000 - Initial Comments

A Complaint (CCR #2017010817) Survey was conducted on and on concluded on . Mercedes & Family ALF (license #11927) had the following deficiencies identified at time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of four (#C) sampled staff.

Findings included:

Record review found Staff C (hired) did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Interview on at 11:45 AM with the Staff B stated, "Yes she does not have because she does not drive and will get it this week."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an approved emergency management plan annually.

Findings included:

Review of facility files found the comprehensive emergency management plan was dated and had expired on . The facility receipt showed they an electronic payment to the county on .

On Staff confirmed the plan was approved on but payment for a the annual plan was paid on .

Class III