STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **WE "R" FAMILY USA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2230 SW 131 COURT** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on . We "R" Family USA Corp Inc with a Limited Mental Health component, (AL 10197) had the following deficiencies found at the time of the survey:

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility appointed a manager who did not satisfy the CORE continuing education requirement.

Findings as follow:.

Record review showed the facility did not have documentation the the Manager completed 12 hours of continuing education in topic related to assisted living facilities.

On at 10:00 a.m. the Administrator stated he believed the manager records contained continuing education training documentation.

Class III