STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964967	**12/07/2017**
NAME OF PROVIDER OR SUPPLIER **A PIEDRA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7960 SW 36 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017010985) was conducted on , 2017. A Piedra ALF Inc (License #9585) 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 ensure that window blinds and appurtenances are maintained in good working order.

Findings included:

During tour of the facility on at 8:30 AM observations revealed # 's window blinds were not complete, some of the blinds were missing. In # one of the night stand tables did not have a knob on the drawer. In # the vertical curtain was broken and would not close, also on # the closet door could not be opened without moving the resident's bed.

On at 8:32 AM Staff B stated they are fixing everything.

Class III