STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A Wellness Monitoring Survey Second Revisit was conducted on , 17th, 2018. Harmony Family Home Corp. with a standard license (#11048) had the following uncorrected deficiency identified at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the Assisted Living Facility failed to provide a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings included:

Review of staffing pattern revealed the one available at the time of survey was for . . . . 2017.

Phone interview on . . . at 2:34 PM the Administrator's wife revealed that Administrator was out of town because a family problem and the woman who helped them with the paperwork was not able to come this month.

Class III
Uncorrected