STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	R **01/16/2018**
NAME OF PROVIDER OR SUPPLIER **VICKY'S HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6402 SW 41 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A standard biennial 2nd revisit survey was conducted on . Vicky's Home ALF with limited mental health component, (AL 11137), had the following uncorrected deficiency 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 Assisted Living Facility failed to provide a a a closet or wardrobe space for hanging clothes or other furniture designed for storage of clothing.

Findings as follow:

Observation on at 12:10 p.m. showed the clothes of Resident #1 were in bug on the floor. It was observed the not have a closet or wardrobe space where resident could place his belongings.

In an interview on at 11:50 AM Staff C stated, "we fixed almost everything but we did not have the closet made in # because the handyman is going to work on it today."

Class III
Uncorrected