STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966038	R **01/05/2018**
NAME OF PROVIDER OR SUPPLIER **CARING FAMILY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **650 SW 60 COURT** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Complaint (CCR #2017005086) Revisit Survey was scheduled on 01/05/2018 at Caring Family Corp. with Limited Mental Health component (AL 10307). The survey was not completed because the facility appeared to no longer be operating.

0004 - Licensure - Requirements - 58A-5.016 FAC

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

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

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

0162 - Records - Resident - 58A-5.024(3) FAC