STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	R 02/01/2018
NAME OF PROVIDER OR SUPPLIER **SHALON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **7046 S W 103 PLACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . . . . . . Shalon ALF with a standard license (#10809) had the following deficiencies found 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 residents' closets had doors.

Findings included:

On at 10:00 AM during the tour observed the closets in # and # were missing. All of the residents' clothing were exposed.

According to Staff F on . . . . . at 11:06 AM the owner is in the process of fixing it but he did not know why the closets were like that.

Uncorrected
Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an approved emergency management plan annually.

Findings included:

Record review revealed the facility's last emergency management planning was dated . . . . . .

On . . . . . at 11:06 AM on a phone interview with owner, he stated that the reason why the facility does not have this document is because the person who is supposed to give it the new one is on vacations.

Uncorrected
Class III