STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING ALF LLC	**1051 NE 154 TERRACE** **MIAMI, FL 33162**

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

0000 - Initial Comments

A Complaint (CCR#2017010962) Revisit Survey was conducted at Blessing ALF LLC (License # 12186) on 02/22/18 had the following deficiencies were identified at time if the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis for one out of five sampled staff (Staff A).

Findings included:

A review of Staff A's personnel file (hired on . . . . .) showed that there was no documentation of a negative examination result.

Interviewed on 8:30 PM, Staff A and B acknowledged after review of the file that the documentation wasn't there.

Uncorrected
Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation that the emergency management plan was reviewed annually.

Findings included:

Record review revealed that the facility did not have a current emergency management plan submitted and/or approved annually yet.

On . . . . . at 7:50 PM, the Administrator stated, "I had to submit the fire plan first before they could approve me."

Uncorrected
Class III