STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966998	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **ARMERO TORRES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 NW 52 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Standard Biennial Relicensure Survey was conducted on . . . . . , Armero Torres ALF Inc, License # 11102, with the Limited Mental Health component had a 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 facility failed to provide a safe living environment free of hazards and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings included:

On at 7:28 AM during the facility's tour the living /dining area was observed to have a cracked ceiling with an area covered with a painted plywood. The . . . . . in the patio had a broken cabinet and missing/broken baseboard, and # 's ceiling was cracked with a dark stain around the AC vent.

During an interview on . . . . . at 1:28 PM, Staff A stated "I am still talking to the insurance company for the repair, if they don't repair it, I will. "

Class III