STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968265	**02/28/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR HAVEN ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6745 SW 32ND TERR** **MIAMI, FL 33155**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2018. Senior Haven Assisted Living Inc. (License # 12185) had deficiencies identified at the time of the survey:

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

Based on record review and interview the Administrator who supervised three facilities failed to appoint a manager that did not manage another assisted living facility.

Findings included:

On at 9:45 AM the Administrator stated that as far as he knows his manager do not supervise any other facility.

Review of the health finder database revealed that the manager also supervised another assisted living facility. Review of the employee roster from the background screening database found the manager was the Administrator of another facility since .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968265	**02/28/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to keep the status of all employees within the clearinghouse in the background screening database.

Findings included:

Review of the employee roster on the background screening database revealed that the manager had an end date of .

On at 9:55 AM the Administrator stated, "I did not remove him from the roster, he is the manager."

Unclassified