STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964616	**03/08/2018**
NAME OF PROVIDER OR SUPPLIER **FARAH MICHELE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **431 WEST 31 PLACE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2018. Farah Michele ALF, Inc (license #9278) had the following deficiency identified at time of the survey.

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

Based on record review and interview, the facility failed to provide documentation of a current, satisfactory sanitation inspection report issued by the county health department.

Findings included:

A review of facility records posted on the wall found the sanitation inspection report issued by the county health department was dated and was listed as unsatisfactory.

On at 3:30 PM, Staff A acknowledged that the health inspection was not current, and stated that she has had the inspection done, but did not have the updated inspection report. Staff A stated that she will call the inspectors to get the update inspection and have it posted.

Class III