STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	R **03/14/2018**
NAME OF PROVIDER OR SUPPLIER **DAYLIEN'S LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2920 SW 12 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted at on 03/14/2018 Daylien's Living Facility with Limited Mental Health component, license #9140, 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, record review and interview, the facility failed to provide a safe and clean living environment free of any environmental hazards for a census of fix residents.

Findings included:

During the facility tour on at 10:30 AM, with Staff C, observed in # a hospice resident's bed was without sheets. In # , there was one bed without linens. On a side porch was found an open shelf with bottles of Clorox and other chemical and other hazards which were accessible by residents, such as a chainsaw, metal and wood pieces.

On at 10:44 AM., Staff C, stated," we are repairing and painting the facility. We've been working for over 3 months".

Class III