

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967296	(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER MAGNET ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1431 NW 55 TERRACE MIAMI, FL 33142	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was scheduled to be conducted on 2018. Magnet Adult Home (License # 11354) with Extended Congregate Care was found no longer be operating. The facility had a deficiency identified at the time of the survey.

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Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810(3-4) FS; 59A-35.100(1) FAC Based on record review and interview the facility failed to inform the agency of the discontinuance of operation not less than 30 days prior. Findings included: On at 8:45 AM arrived to the facility to conduct a standard biennial survey and found the facility was closed. On at 9:15 AM the Administrator arrived to the facility and stated that both of his facilities were closed. He stated he had sent the letter to Tallahassee last Friday regarding the facility in question and that he had the receipt in the office. And that the other facility had been closed since last year when they remodeled it but they did not open again. Review of the Florida Health Finder database revealed that the facility still had an active status. An email was sent to the licensure unit on and there was no notification that the facility had closed. Unclassified		