STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967943	R **04/11/2018**
NAME OF PROVIDER OR SUPPLIER **LA COLONIA 1 ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **830 NE 10TH LANE** **CAPE CORAL, FL 33909**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on . . . at La Colonia I ALF, Inc., an assisted living facility (license #11909) in Cape Coral, Florida.
This was a follow-up to the relicensure survey completed on . . . . . .

The following is description of the deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to appoint a manager to supervise the facility. The Administer who supervises 2 facilities must appoint a manager to supervise the day to day operation of each facility.

The findings included:

On , record review for Staff D was found to no longer be the facility's manager and that the current facility administrator is the administrator for this facility plus one othe facility.

On , Staff E, who identified her self as the Office Assistance, said Staff D is no longer a facility employee. She said the facility did not have a manager. She said she has does not have CORE training. She is scheduled to take CORE training in .

Class III