STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	R **04/25/2018**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A Wellness Monitoring 3rd revisit was conducted on . . . . . Harmony Family Home Corp. with a standard license (#11048) had the following uncorrected deficiency identified at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate staffing schedule.

Findings Included:

Record review showed the schedule posted on . . . . . was from the month . . . . . .
On at 12:00 PM, observed the schedule that said , on top had no staff assigned at any time.

On . . . . at 12:05 PM, the Administrator stated showing a piece of paper,
" This is , staffing schedule , but was in the back of the package and I forgot to place it on the board."

Class III
uncorrected