STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R **05/08/2018**
NAME OF PROVIDER OR SUPPLIER **MACARENA ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8000 SW 88 ST** **MIAMI, FL 33156**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 04/25/2018 and concluded on 05/08/18. Macarena Assisted Living Facility, Inc. with Limited Mental Health component, license #12764 had the following deficiency found at time of the survey:

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

Based on record review and interview, the facility failed to be under the supervision of an administrator who is responsible for the operation and maintenance of the facility. The facility failed to appoint in writing a qualified manager for the facility.

Findings included:

On from 6:55 AM to 2:30 PM showed Staff D and E were in charged of the facility. Staff A, the Owner listed arrived to the facility at 7:18 AM.

Review of facility finder showed the Administrator supervised two assisted living facilities. Review of the facility's record showed Staff C was identified as a facility manager. Staff C was listed as previous owner of the facility.

Interview conducted on at 10:00 AM, Owner stated that the facility's administrator can not participate in the survey because she was out the state.

Interview conducted on at 10:37 AM, Administrator stated, "I am working right know. I visit the facility every day after my work. Staff C, manager is in charge of the facility. She was supposed to be in the facility at this time. She was asked about Resident'#7. She said "I did not know, I needed to review his file."

The final order dated stated Staff C (previous owner of the facility) not directly or indirectly serve as an Administrator for no less than two years.

Class III
Uncorrected deficiency.

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