STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967137	R 05/16/2018
NAME OF PROVIDER OR SUPPLIER **A-1 ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9410 SW 52 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Complaint Investigation third revisit (CCR 2017002946) was conducted on . . . . . A-1 Assisted Living Facility(license # 1128), with a Limited Mental Health component, had deficiencies at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure that all appurtenances were maintained in good working order.

Findings included:

On at 10:05 AM, observed three black recliners with peeling leather; two in the living . . . and one on the back patio.

On . . . . . at 3:25 PM, Staff D sated "I put a cover on the chairs. I have to find something new then."

Uncorrected
Class III