STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965502	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **TADEOS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 SW 119 COURT** **MIAMI, FL 33184**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . . . . . Tadeos ALF (license #9887) had a deficiency identified 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 appoint in writing a manager for the facility.

Findings Include:

Review of health finder database showed the Administrator supervised three assisted living facilities .

Review facility's record showed the facility did not have a manager appointed.

Interview conducted on at 1:50 PM, Staff B revealed the Administrator did not appoint a manager for the facility.

Class III