STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965204	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **RAFFA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13961 SW 75 STREET** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A monitoring survey was conducted on . . . . . Raffa corp. (license #9688) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

Record review on . . . . . showed the staffing pattern available for review was for the month of , .

On . . . . . at 9:20 AM the owner stated had to do a new Staffing schedule for Ray/2018.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an annual approved emergency management plan by the local agency.

Findings as follow:

Record review showed the facility's last emergency management plan available for review was approved on .

On at 9:30 AM the owner stated the plan was submitted for approval but the facility had not received the approval letter.

Class III