STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968367	**06/13/2018**
NAME OF PROVIDER OR SUPPLIER **WELLNESS LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15560 NE 5TH CT** **MIAMI, FL 33162**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on , 2018. Wellness Living Inc. (License # 12269) with Extended Congregate Care component had deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for the registered nurse contracted by the facility to provide extended congregate care.

Findings included:

Record review of Registered Nurse contracted by the facility to provide extended congregate care revealed that the last negative examination was dated .

On at 10:15 AM the Administrator stated that the nurse had a new test result and that she would send it to the facility.

Class III