STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968501	**05/23/2018**
NAME OF PROVIDER OR SUPPLIER **DEL RIO HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7611 NW 186 STREET** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on , 2018. Del Rio Home ALF Inc. (Lic # 12410) had the following deficiencies at 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 maintain appurtenances in good, safe working order.

Findings included:

Observation at 9:00 am revealed that Resident #1 was sitting under an outdoor thatched roof. Further observation
revealed:

The backyard had empty boxes and leaves.
The swimming pool needed cleaning.
The front entrance had missing tile.
The outdoor cover with thatched roof was bending and missing a part of the ceiling.

On at 1:00 Staff F stated, "The house is lease, but I will tell the Staff A" In addition, Staff F stated, "It is raining, we have a person that comes and cleans the pool and the backyard."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have an accurate health assessment for one of six sampled residents (#1).

Findings included:

A review of Resident #1's health assessment (dated) reflected, "Needs assistance with self-administration of medication."

Interview on at 10:00 am with Resident #1's family member stated, "I come daily to provide her

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SUMMARY STATEMENT OF DEFICIENCIES
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medication."

Interview on at 11:00 am with Staff E and F stated, "Her husband comes daily to give Resident #1 her medication."

Class III