STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966294	**05/31/2018**
NAME OF PROVIDER OR SUPPLIER **DIANA HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1725 SW 71 COURT** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . . Diana Home Care II with a Standard license #10533 had the following deficiency found at the time of the survey:

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

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

On . . . . . at 7:45 AM at the time of arrival was observed Staff C was the only staff in the facility at the time of the survey taking care of six residents, and also was observed that the calendar posted on the wall was for the month of , .

Record review revealed that Staff C was the live in caregiver and Staff A was supposed to be working from 7:00 AM to 7:00 PM Monday to Friday and on call during the weekends.

On at 12:30 PM the administrator stated that he had forgotten to change the staff schedule

Class III