STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968378	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **HOLY FAMILY GROUP HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **920 SW 93 AVENUE MIAMI, FL 33174**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2018. Holy Family Group Home ALF Inc. (AL#12282) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the 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 notify the agency of a change of administrator.

Findings included:

Review of the Florida Health Finder database and the facility roster revealed that Staff A was listed as the administrator on both.

A review of Staff A's personnel record revealed that there was no documentation that he had successfully completed the core training for administrators of assisted living facilities.

A review of Staff B's personnel record revealed that she had documentation of core administrator's certification issued on , and she had 12 hours of continuing education on - .

On at 11:15 AM Staff A stated that his daughter (Staff B) was the administrator because he did not take the core examination, and that he would submit a change of administrator notification, and that he would also take the core test.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968378	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **HOLY FAMILY GROUP HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **920 SW 93 AVENUE MIAMI, FL 33174**	

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Class III