STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967248	R **07/18/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE ABUELOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3240 NW 18 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An Abbreviated Biennial second revisit survey was conducted on . Hogar de Abuelos (License # 11358) with Limited Mental Health service component had a 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 9:30 AM at the time of arrival was observed Staff A was the only staff in the facility taking care of six residents.

Record review revealed that Staff A and B were supposed to be working from Sunday to Monday from 7:00 AM to 7:00 PM.

On at 9:50 AM Staff A stated that Staff B had come to the facility at 7:00 AM and she had to go to purchase some supplies, which was why she was not in the facility. She also stated that she lived in the facility five days of the week and Staff C covered for her two days of the week.

On at 10:05 AM Staff B arrived at the facility and she stated that by mistake she put the wrong staff schedule on the board because she actually starts to work at 9:00 AM.

Class III