STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R 09/04/2018
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12735 NORTH MIAMI AVENUE MIAMI, FL 33168**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2018. Caring Hands Assisted Living, Inc. with a standard license number 11406, had the following deficiency identified at the time of survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review, observation and interview, the facility failed to provide or encourage residents to participate in social, recreational, educational and other activities.

Findings included:

Record review of , 2018 activity pattern calendar located at bulletin board in dining area, showed activities scheduled for , 2018 as reading and singing.

On , 2018 between the hours of 8:00 AM and 1:00 PM, observed Resident 1 seating in living TV. Observed only once, Staff C walking with Resident 1 from living empty walking back to living few minutes.

On , 2018 at 12:15 pm, Staff C stated, "Resident 1 needs to exercise, I ask the resident to walk as much as possible during the day."

Class III