STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967491	R 09/05/2018
NAME OF PROVIDER OR SUPPLIER **SUAREZ RESIDENT INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13371 SW 50 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2018. Suarez Resident, Inc. license number 11531, had the following deficiencies identified at the time of survey:

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on record review and interview, the facility failed to provide to one of eight sampled residents (Resident 8) with a statement at least once every three months as required by law, detailing sources and disposition of funds with their correspondent receipts for all purchases made with the resident's , ( ).

Findings included:

Record review of Resident 8 showed a log with monthly amount received of $70.40 signed by resident and initialed by Administrator.

On , , 2018 at 9:45 AM, Resident 8 stated, "I receive the money but I give it to the Administrator so she can buy me things; she is always buying things for me."

On , , 2018 at 9:45 AM, the Administrator stated, "I didn't know that I was supposed to keep a log with the receipts."

Class III