STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965890	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **TROPICAL HEAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14201 SW 48 LANE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A follow up visit to a standard biennial survey was conducted at Tropical Heaven, Inc. on . . . . . Tropical Heaven, Inc. with Limited Mental Health Component (License #10216) had an uncorrected 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 ensure that the listed Administrator completed and successfully passed the CORE competency exam no later than 90 days after becoming employed as a facility's Administrator.

Findings included:

The health finder database showed Staff B as the Administrator.

Review of Staff B's personnel record revealed she was hired on . Staff B did not have proof of passing the CORE competency exam within 90 days of employment as an Administrator.

On at 12:00 PM Staff B stated, "I am not the Administrator. I am the assistant administrator. Staff A is the Administrator I do not know why I am still showing as the administrator on Florida Health Finder."

As of Staff B was listed as the Administrator with the licensure unit.

Class III