

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966809	(X3) DATE SURVEY COMPLETED 08/31/2018
NAME OF PROVIDER OR SUPPLIER ALF VILLA FRANCISCO HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 16832 SW 110 COURT MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey and a Generator Monitoring Survey was conducted on ALF Villa Francisco Home Care Corp with Limited Mental Health component, license 10934, had deficiencies at the time of the survey: 0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS Based on record review, and interview, the facility failed to have documentation of a resident contract for one out two (Resident #1) sampled residents. Findings include: Record review showed that for Resident #1, admitted on , there was no documentation of the contract with the resident. Interview conducted on at 1:45 PM, Administrator stated that Resident #1 had a contract with the facility but she was unable to provide it. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, and interview, the facility failed to have fuel stored onsite. Findings included: Observation on at 10:00 AM showed that the facility did not have fuel stored in the facility. Interview conducted on at 1:45 PM, Administrator stated that there was not fuel stored in the facility. Class III		

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