STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969180	**10/24/2018**
NAME OF PROVIDER OR SUPPLIER **MY DREAM ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **55 NE 193RD TERR** **MIAMI, FL 33179**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018012354) was conducted on . . . . and concluded on . . . . . My Dream ALF, LLC. (license #13051) had deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one of four sampled staff (Staff A) within 30 days.

Findings included:

Record review revealed Staff A (hired) had a statement dated (over 6 months from working at the facility) that documented that staff was free from communicable . . . . . including ( ).

Observation on at 1:00 pm revealed Staff A searching through her file, but she did not have a update examination.

Interview on . . . . at 1:00 pm Staff A confirmed that she needed a update examination.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an up-to-date admission and discharge log.

Findings included:

Observation on . . . . at 8:30 am revealed that the facility had four residents.

The admission/discharge log revealed that the facility had three residents listed. Further record review revealed that Resident #3 who was living in the facility was not listed.

Interview on at 9:00 am Staff B stated, "I forget to add Resident #3 in the admission/discharge

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log."

Class III