STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	R **12/03/2018**
NAME OF PROVIDER OR SUPPLIER **BELEN SWEET HOME ALF II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11825 SW 206 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was made on 12/03/2018. Belen Sweet Home ALF, with a Limited Mental Health component, had the following deficiency identified at the time of survey:

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

Based on record review and interview, the facility failed to provide documentation of a negative examination required on an annual basis for one out of three sampled staff (Staff B).

Findings included:

A review of Staff B's employee file revealed the staff was hired on and the last examination was completed on .

On at 12:05 PM the Administrator stated "I did not noticed Staff B had the examination expired. I will schedule for Staff B to have that completed this week."

Class III