STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969056	R **12/06/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE WEST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2045 NW 26 ST** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit survey was conducted on 12/06/18. Calvinelle West ALF Inc. had the following deficiency identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have a satisfactory annual fire inspection available.

Findings included:

Facility record review found the fire inspection posted was dated . . . and expired on . . . . . There was no documentation of a current satisfactory annual fire inspection

On at 11:30 PM the Administrator stated she would contact the fire department about the report.

Class III