STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969180	R **12/26/2018**
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 (CCR#2018012354) Survey was conducted 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 negative ( ) examination documented on an annual basis for two of four sampled staff (Staff B and C).

Findings included:

Observation on at 1:00 pm revealed the facility's staffing pattern reflected Staff B and C working in the facility.

Record review revealed Staff B (hired) and Staff C (hired) did not have an updated examination in their files.

Interview on at 1:00 pm Staff A confirmed Staff B and C needed a update examination. In addition, Staff A stated, "They have an , , to have their on Monday ( ); however, I have no documentation to prove it because the , , . was done by phone.

Uncorrected Class III