STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	R 01/24/2019
NAME OF PROVIDER OR SUPPLIER **SOL ASSISTED LIVING FACILITY II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5716 SW 149 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on . . . . . Sol Assisted Living Facility II with standard license had a deficiency identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a separate manager, the administrator supervised one more facility. The facility also failed to submit a change of administrator form to the Agency within 10 days of hire.

Findings included:

Review of the health finder database revealed the administrator supervised two facilities.

On at 12:15 PM the administrator stated the facility did not need a manager because she was not administering the other facility anymore because they appointed a new Administrator.

On . . . . . at 11:56 AM the licensure unit revealed the change of administrator form was not received till . The new administrator had an effective date of .

The facility failed to submit the change of administrator form within 10 days of the . .

Uncorrected Class III