

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967124	(X3) DATE SURVEY COMPLETED R 03/20/2019
NAME OF PROVIDER OR SUPPLIER ZUNI ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 370 NW 133RD PLACE MIAMI, FL 33182	

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

0000 - Initial Comments

A change of ownership revisit survey was conducted on _____ and concluded on _____ in conjunction with a complaint survey. Zuni ALF, Inc. with standard license had the following deficiencies identified identified at the time of 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 have an Administrator who completed the required CORE training including the competency test, within 90 days after date of employment as an administrator. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.

Findings as follow:

Staff record review showed the Administrator was hired on _____. Further record review showed the facility failed to have proof of the CORE competency test results for the Administrator. The Administrator provided documentation of the CORE training completed on _____. The facility failed to provide evidence that a CORE trained administrator who passed the competency test for more than 120 consecutive days.

On _____ at 3:00 PM the Administrator stated that passed the CORE training and will have the test in less than a month.

Uncorrected Class III

0081 - Training - Staff In-Service - 58A-5.0191() FAC

Based on observation, record review, and interview the facility failed to provide a minimum of 2 hours of pre-service orientation training to all new assisted living facility employees before providing personal care to residents to 2 out of 3 (Staff B and C) sampled staff.

Findings as follow:

On _____ at 9:30 AM observed Staff B assisting residents with the activities of daily living.

Record review showed the facility did not have documentation of at least 2 hours of pre-service

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orientation training for Staff B (hired on) and C (hired on). On at 3:00 PM the Administrator stated we will train Staff B and C. Uncorrected Class III		