| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969224** | R<br>**02/28/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LITTLE HAVANA ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2600 SW 10 ST**<br>**MIAMI, FL 33135** | |

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

**0000 - Initial Comments**

A Complaint Survey revisit (CCR# 2019000065) was conducted on . Little Havana ALF Inc had deficiencies identified at the time of the survey:

**0076 - ( ) - 58A-5.0186 FAC**

Based on record review and interview, the facility failed to maintain on fie a properly executed ( ) for one out of seven (Resident #3) sampled residents.

Findings included:

Review of Resident #3's record (admitted on ) showed she was diagnosed with , and History of . The health assessment done on indicated total assistance with activities of daily living. Resident's #3 granddaughter signed on . The record had documentation that Resident's #3 granddaughter appointed herself as her health care proxy on and beneficiary on .

On at 2:39 PM, the Administrator stated that Resident's #3 record did not have documentation of legal guardianship or power of attorney on file. She was unable to explain the facility's correct procedure in the the event a resident that received hospice services was unresponsive.

Uncorrected
Class III