STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969440	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **ALF LUCIA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5317 SW 92ND AVE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Monitoring visit for residents' wellness was conducted on . . . . . . ALF Lucia LLC with a Limited Mental Health component, had deficiencies found at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have an updated admission and discharge log.

Findings included:

Review of the admission and discharge log showed that the place to which resident # 1 was sent on discharge, was not listed .

On at 9:30 AM, the owner stated that she thought that the admission and discharge log was up to date but she was going to fix it as soon as possible and he was going to fax it as soon as possible.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to provide documentation of a Power of Attorney (POA), Surrogate or Guardian one out of five sampled residents (#1) .

Findings included:

Record review found resident #1, his wife signed the documents without a POA/Surrogate or Guardianship notarized properly. No Power of attorney was found on the resident's record.

On at 9:30 AM the Owner stated that when he was admitted on his wife signed all the documents and told her that she was going to bring the POA but they are still waiting.

Class III