STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966763	**03/27/2019**
NAME OF PROVIDER OR SUPPLIER **MACHIN 1 ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18111 SW 143 COURT** **MIAMI, FL 33177**	

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

0000 - Initial Comments

On , a standard biennial relicensure survey was conducted at Machin 1 ALF inc. Deficient practice was identified during survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to keep centrally stored medications locked at all times in the refrigerator.

Findings included:

On at 6:50 AM during the tour was observed in the fridge a metal box unlocked with the for Resident 3.

On at 7:10 AM Staff B stated that she did not realized that the box was unlocked and that she actually started yesterday working in the facility.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and decent living environment.

Findings included:

On at 6:45 AM observed the front of the facility on the right side there was a blue tarp on the roof covering some tiles. And during the tour of the patio was also observed blue tarp hanging.

On at 11:00 AM Administrator stated that he has not removed the blue tarp from the roof because he was having some problems for the insurance to pay him; even thou he had fixed it already.

Class III