STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967140	R **04/09/2019**
NAME OF PROVIDER OR SUPPLIER **L & L SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1161 NIGHTINGALE AVENUE** **MIAMI SPRINGS, FL 33166**	

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

0000 - Initial Comments

A Follow-up visit to a standard biennial survey was conducted at L&L Senior Care, Inc. on . L&L Senior Care, Inc. had deficiency at the time of the visit.

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 manager in writing.

Findings included:

Review of the Florida Health Finder database showed the administrator supervised two assisted living facilities.

Review of the facility's records showed it did not have a manager appointed.

On at 10:20 AM, the Owner stated that they had made the change in the background screening clearinghouse and in the Florida Health Finder database, but he did not know why it was still showing that no changes had made. No documentation of the change was provided.

Uncorrected
Class III