STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910969	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **JESUS OF NAZARETH ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801-2803 SW 37TH COURT** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A biennial survey was conducted at Jesus of Nazareth ALF, Inc on . . . . Deficiencies were identified at the time of the 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 employ a manager that did not serve . . . . . , as a manager in another facility.

Findings included:

A review of the Florida Health Finder database showed the Administrator supervised three assisted living facilities.

Review of the background screening database showed that the manager was also acting as a manager at another facility.

On . . . . . at 1:20 PM, the Administrator confirmed that the manager was also acting as a manager at another facility.

Class III