

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969508	(X3) DATE SURVEY COMPLETED 05/15/2019
NAME OF PROVIDER OR SUPPLIER R & M HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14201 JACKSON ST MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An announced initial licensure survey was conducted at R & M Home, Llc 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 observation and interview, the facility failed to have the facility under the supervision of a qualified administrator who was responsible for the operation and maintenance of the facility. Findings Included: On at 1:26 PM, the Administrator confirmed the time to meet at the facility for the Initial licensure visit between 9:00 AM and 9:30 AM. On the Administrator did not appear for the Initial licensure survey. Another person was at the facility misrepresenting themselves as the Administrator. On Staff C and D stated the Administrator was out of town. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to supply the following furnishings: each resident bedroom or sleeping area with at least comfortable bed with a mattress, a closet or wardrobe for having clothes, a dresser,, or other furniture designed for storage or clothing or personal effects; a table or nightstand, bedside lamp or floor lamp and a waste basket. Findings Included: On at 9:30 AM, observation of showed no furniture. On at 9:30 AM, Staff B and D stated, the furniture were in an outside storage room and could be picked up today. Class III		

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/05/2019
FORM APPROVED

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