STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966101	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA CANDITA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321-1323 NW 29 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Re-licensure survey was conducted at Villa Candita ALF, Inc on . . . . . The facility had a deficiency at the time of the survey:

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

Based on record review and interview, the facility failed to ensure that they had access to the most recent hospice plan of care for one out of 14 sampled residents (Resident #1).

Findings included:

A review of the residents' file on . . . . . revealed that the facility had three plan of care dated , and for Resident #1 who was under hospice care. There was no plan of care in file for the month of , .

In an interview on . . . . . at 2:55 PM, the Administrator/Owner stated "let me call the nurse."

Class III