

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967458	(X3) DATE SURVEY COMPLETED R 05/29/2019
NAME OF PROVIDER OR SUPPLIER DADE COUNTY ADULT LIVING FACILITY GROUP CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 15135 SW 128 COURT MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to a relicensure survey was conducted at Dade County Adult Living on The provider had deficiencies at the time of survey. 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review and interview the facility failed to follow the staffing schedule . Findings as follow: On at 10: 30 AM Staff F was observed alone in facility with a census of 6 residents. Staffing schedule review showed Staff F lived in facility and Staff D was scheduled to work between 7 am and 7 pm. On at 11:30 PM the Administrator stated Staff D did not come to work because she had a personal problem. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on observation, record review and interview the facility failed to have one of six staff who prepare or serve food in a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. Findings On at 11:00 AM Staff F was observed preparing food for lunch. Record review showed Staff F's documentation of the nutrition and food handling training, available for review, was a copy with no official seal which the trainer identified as a way of ensuring the authentic certificate was issued after training was completed. On at 11:30 PM the Administrator stated she believed that copy of the nutrition and food handling training was acceptable.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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Uncorrected Class III		