

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968485	(X3) DATE SURVEY COMPLETED R 07/19/2017
NAME OF PROVIDER OR SUPPLIER ISA HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13316 SW 112TH CT MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit survey was conducted on 07/19/2017. Isa Home Corp. License #12367. had the following deficiency identified the time of the survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview the facility failed to appoint a manager for the facility where the administrator supervises more than one facility. Findings Included: A review of the AHCA health facility finder revealed the administrator for the facility was also the administrator for two additional facilities. Further review showed that the facilities were 15.8 miles apart instead of the 15 miles apart that would have permitted the re to be only two managers. On at 12:58 PM Administrator stated "I do not have a manager for this facility, because I have two managers in my other facilities. I understood from the regulations that I did not need another administrator if I had two managers on the other two and I was the administrator listed for this facility." Class III		

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