STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965870	R **02/16/2018**
NAME OF PROVIDER OR SUPPLIER **1 ZOURCE LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1401 NE 176 STREET** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Follow Up to a Biennial Survey was conducted on . 1 Zource Living Care with License # 10183 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 have a completed Health Assessment on file for two out of four sampled Residents (Resident #4 and #5).

Findings included:

A review of Resident #4's Health Assessment dated showed that the Diet section was not completed and it did not state whether Resident #4 needed assistance with self-administration of medications. Additionally, on Resident #5's Health Assessment dated the Physical or sensory limitations and or behavioral status was not completed.

During an interview on at 03:59 PM, Staff A acknowledged that there was missing information on Residents #4 and #5's health assessments.

Class III