STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967271	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **PREMIER ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11401 SW 42 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . . . . . Premier Assisted Living with a standard license (11329) had the following deficiency identified at the time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to have the signed attestation of compliance forms, referenced in subsection 59 A-35.090(2), F.A.C., for 3 out of 4 (Staff B, C, and D) sampled employees.

Findings as follow:

Record review showed the facility did not have signed attestation of compliance forms for Staff B , C, and D, available for review.

On at 12:10 p.m. the Administrator stated in an interview that she never seen the attestation of compliance form before.

Class III