STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965710	**04/02/2019**
NAME OF PROVIDER OR SUPPLIER **YILLIAM HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **13888 SW 18 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . . . . Yilliam Home with standard license had a deficiency identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have an updated satisfactory sanitation inspection.

Findings as follow.

Facility record review showed the facility last sanitation inspection was conducted on . . . . . .

On . . . . . at 2:00 PM the Administrator stated that she already requested the sanitation inspection to the local agency but they said they were short of personnel.

Class III