STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942957	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **BOSAN RESIDENCE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 NW 6 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An Abbreviated Survey was conducted at Bosan Residence Corp. on on , through , . A deficiency was identified at the time of the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one day and a fifteen day incident report for one out of 10 sampled residents (# 10).

Findings included:

On at 10:15 AM that Administrator stated that the Resident #7, who had been admitted to a rehab center had hurt his when he was standing from his bed and twisted it and continued walking but with , but he did not . She furrther stated that she sent the resident to the hospital to be evaluated and they found that when he twisted his , he acquired a hair line of the left ankle.

On spoke to Administrator at 3:15 PM and she stated that she had not filed the one day and the fifteen day incident reports for the resident that had twisted his . She stated that she would contact her consultant to do it.

Class III