STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	R **05/15/2019**
NAME OF PROVIDER OR SUPPLIER **MAJESTIC SENIOR CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15347 SW 179 TERRACE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted at Majestic Senior Care ALF on . . . . . The provider had a deficiency identified at the time of the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On . . . . . at 9:AM Staff B was observed in facility alone with a census of 6 residents.

Review of the staffing schedule for . . . . . showed Staff A and Staff B were scheduled to work, Staff A from 9 AM to 6 PM and Staff B from 7 AM to 7 PM.

On at 9:20 AM Staff B stated the other Staff C was out buying some groceries. She stated Staff A was not working today.

Uncorrected Class III