Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967860	A. BUILDING: _____ B. WING _____	11/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIAMI COMFORT COVE, INC	3511 N W 11 COURT MIAMI, FL 33127

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A bed increase survey was conducted at Miami Comfort Cove, Inc on . . . . . . A deficiency was identified at the time of the survey.	A 000		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the staff were trained in their duties and were able to operate the facility's alternate source of power (a fixed generator) that would be used to cool the facility in the event of a loss of primary power. Findings Included: Observation on . . . . . at 09:34 AM showed the facility had a fixed generator (Generac QTO2724, 27 KW, 2.4 L) in the . . . of the facility. On at 09:45 AM, the Administrator stated that she did not know how to operate the generator because it's automatic. The Administrator stated that no staff at the facility knew how to operate the generator. On at 09:48 AM, the Owner stated,	A 182		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 182	Continued From page 1 "The generator is automatic. It self-tested every Monday at 03:00 PM. I have to call my electrician to start it for you." Class III	A 182		