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
	AL11966985	A. BUILDING: _____ B. WING _____	12/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIAMI GARDENS MANOR, INC	915 NW 175 STREET MIAMI GARDENS, FL 33169

(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 An abbreviated biennial re-licensure survey was conducted at Miami Gardens Manor, 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 all staff were trained in their duties and would be responsible for implementing the emergency management plan. The administrator and Staff B were unable to start the alternate power source (a portable generator) that would be used to cool the facility in the event of a loss of primary power Findings Included: Observation on at 7:50 AM revealed a Generac 17500E Portable generator inside of the office of the facility. During an interview on at 8:20 AM, the administrator stated "Neither me or Staff B can lift this generator to move it outside to start it. I would have to call my husband. I will be honest I don't know how to turn it on. I am in the process of	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 getting a fixed generator." Review of personnel records revealed the administrator received training on Facility Emergency Procedures on . . . . . . Review of personnel records revealed Staff B received a two hour generator training on . . . . . . Class III	A 182		