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
	AL11968821	A. BUILDING: _____ B. WING _____	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVO ALF INC	14621 SW 10 ST MIAMI, FL 33184

(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 Vivo ALF Inc on [redacted], . 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. Staff B was unable to operate the generator. Findings Included: Observation on [redacted] at 7:55 AM revealed a Dewalt Model DXGNR7000 portable generator. On [redacted] at 7:55 AM Staff B attempted to turn on the generator, but did not know how to start the generator. On [redacted] at 10:20 AM, Staff C stated " the staff is nervous, but she was trained on how to turn on the generator."	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 Class III	A 182		