STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	R **02/01/2017**
NAME OF PROVIDER OR SUPPLIER **PETSHIRL**	STREET ADDRESS, CITY, STATE, ZIP CODE **8361 N E 3RD AVENUE** **MIAMI, FL 33138**	

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

0000 - Initial Comments

A Standard Biennial second revisit survey was conducted on at Petshirl Group Home, Licence #11895. A previous deficiency was found uncorrected (A-0181) at the time of the survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an Emergency Plan approval.
Findings included:
Record review revealed that the facility still did not have the Emergency Plan Approval letter in the facility at the time of the survey on at 10:00 AM.
Interviewed the Administrator on at 11:00 AM, the Administrator stated that she was scheduled for the emergency plan class on . She acknowledge the facility did not have proof of an Emergency Plan approval.
Uncorrected Class III