STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911390	R 11/07/2017
NAME OF PROVIDER OR SUPPLIER **SYLVIA'S RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1823 NW 94 STREET** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 11/07/17. Sylvia's Retirement Home, Inc (license #5887) with Limited Mental Health component had the following deficiency at time of the survey:

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have sufficient emergency drinking water stored for a census seven residents at the time of the survey.

Findings included:

During the tour on at 11:40 am, the facility had four 6/ 5 gallons drinking water totaling 30 in the laundry . The facility had a census of seven residents and one staff at the time of the survey. The Emergency Management Plan reflected that the facility needed 7 days of water in the amount of 147 gallons of water in the facility.

Interview on at 1:00 pm Staff A stated, "The facility had enough water for an emergency, and I have a contract with the company."

Uncorrected Class III