

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED R 05/03/2018
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/03/2018. Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had the following deficiency identified 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 provide documentation of an Emergency Management Plan approved by the local agency.

Findings included:

A review of the facility's records revealed there was no documentation of an approved Emergency Management Plan.

On at 9:11 AM Administrator stated she had not received the approved emergency plan .

Class III