STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967248	R **05/17/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE ABUELOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3240 NW 18 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 05/17/2018. Hogar de Abuelos (License # 11358) with Limited Mental Health service component had deficiencies 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 the Comprehensive Emergency Management Plan (CEMP) approval.

Findings included:

A review of the facility's records showed there was no documentation of the Emergency Management Plan approval letter. The last approval letter on file was dated . . . . .

On at 12:40 PM, Staff C stated the Emergency Management Plan was submitted on . . . . but they had not received the approval letter.

Class III