STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965493	**05/14/2018**
NAME OF PROVIDER OR SUPPLIER **VIDA HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **415 EAST 39 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2018 and concluded on , 2018. Vida Home, Inc. (license #9854) had the following deficiency identified at time of the survey:

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

Based on record review and interview the facility failed to have the emergency management plan approved annually.

Findings included:

Record review found that the facility did not have a current emergency management plan reviewed and approved annually. The last letter of approval was dated and expired on . Staff B had his consultant submit plan during survey process on .

Interviewed on at 2:30 PM Staff B acknowledged the emergency management plan was not submit.

Class III