STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966278	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF LOURDES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14491 SW 153 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . and concluded on . . . . . . Our Lady Of Lourdes ALF, Inc with a Limited Mental Health Component, License #10517 had the following deficiencies found at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and decent living environment for facility residents.

Finding included:

On at 9:15 AM arrived the facility and observed on the exterior part of the house, there were several wholes on the walls and several patches of broken wood.

On at 8:45 AM "I do not have to make those repairs because I rent this home. I know the owner has an insurance claim because this was a damage from hurricane Irma."

Class III

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

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

Findings included:

Requested the emergency management plan on , the facility did not provide any documentation of the emergency management plan approval.

On . . . . . at 9:30 AM Staff C stated "No, that inspection is not available, the owner would know where it is."

Class III