STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968679	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **GRANNY'S GARDEN HOME ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11173 SW 112 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Granny's Gardens home ALF TLC. (Licence 12558) with a limited mental health component 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 the Emergency plan submitted and approved.

Findings:

Record review showed the last emergency plan was approved on . Further record review showed the facility submitted the new emergency management plan on . . . . . .

On at 2:40 PM the Administrator stated the facility had not received the Emergency plan approval letter because the local agency is very backed up in sending them out.

Class III