STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	R **07/23/2018**
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on , 2018. El Renacer de Ana, Inc., License #12236, with a limited mental health component, had the following deficiencies identified at the time of survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to treat one of six sampled residents with dignity and respect, free of (Resident #6). The resident was restrained by bed rails screwed in with a knob which she could not remove without staff assistance.

Findings included:

On , 2018 at 7:00 am, observed Resident 6's bed with a 1/2 bed rail located in the middle of the bed with a knob that needed to be unscrewed for the rail be removed. The position of the rail caused it to function as a full bed rail.

Review of Resident #6's record showed a prescription for a 1/2 bed rail signed by doctor on . There was no documentation of a prescription for a full bed rail.

On , 2018 at 7:00 am, Staff G stated that the resident could not remove the railing by herself, and that the resident needed to wait for the staff to remove it.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	R 07/23/2018
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to store required minimum amounts of emergency fuel (48 hrs.) on the property in accordance with local zoning and the Florida Building Code. The facility failed to provide detailed written policies and procedures to serve as a supplement to its Comprehensive Emergency Management Plan (CEMP), be available for inspection by each resident or each resident's legal representative. The facility also failed to notify, within 5 business days and in writing, each resident and the resident's legal representative of the existence of the equipment.

Findings included:

On , 2018 at 10:00 am, observed outside the property a portable generator and empty fuel tanks stored inside a shed.

Review of the facility records showed no documentation of written policies and procedures. Review of all resident records showed no documentation of written notice of the equipment having been given to residents. Review of Safe Storage and Disposal of gasoline guidelines from the generator's manufacturer showed that up to 25 gallons of fuel could be stored in approved containers of less than five gallons capacity each. There was no documentation that the facility's City did not allow storage of fuel at the property.

On , 2018 at 10:00 am, the Administrator stated that the City prohibited the storage of fuel at the property. The Administrator stated, "I have verbally mentioned to all residents and family members that we have the generator. I will put it in writing and ask them to sign it. I will also write the procedures and policies and will keep them on file".

Class III