STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	**08/24/2018**
NAME OF PROVIDER OR SUPPLIER **SUN BAY MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **8440 SW 155 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Generator Complaint (CCR# 2018012821) survey was conducted in conjunction to a revisit survey on , 2018 and concluded , 2018. Sun Bay Manor, license number 6094 had the following deficiency identified at the time of survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to provide a detailed written policies and procedures to serve as a supplement to its Comprehensive Emergency Management Plan (CEMP) that should be available for inspection by each resident or each resident's legal representative. The facility failed to notify within 5 business days in writing each resident and the resident's legal representative of the existence of the equipment. The facility failed to provide proof of monoxide detector inside the facility.

Findings included:

On , 2018 at 7:30 am, observed fix generator installed outside on the backyard of the facility. Observed no monoxide detectors available inside the facility.

Record review of the facility showed no proof of written policies and procedures. Record review of all residents showed no written notice of equipment was provided.

On , 2018 at 9:30 am, Staff B stated, "I will have all resident family members sign the generator statement and will do the policies and procedures."

Class III