STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966756	**08/31/2018**
NAME OF PROVIDER OR SUPPLIER **RITA MARIA GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **15348 S W 33 LANE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Complaint Survey (#2018013167) was conducted on . . . . . and concluded on . . . . . Rita Maria Group Home, Inc. (License #10908) had a deficiency found at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the assisted living facility failed to prepare a detailed Emergency power plan plan to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility.

Findings as follow:

On at 9:00 AM found the facility did not have a generator or any other power source despite reporting to the Agency and having an approved plan on . . . . . .

Record review showed the facility did not have any written policies and procedures to ensure the activation, operation and maintenance of the alternate power source. Further record review showed the facility did not have a written notice made to the residents and their legal representatives about the emergency management plan implementation. The facility failed to demonstrate the acquisition of services necessary to maintain, and test the equipment and its functions and it did not have a . . . . monoxide alarm available.

On at 9:15 AM the owner stated that the maintenance plan would be made when the generator was installed. She stated the facility had a contract with a company that was making the fixed generator installation. She stated the company was waiting for the county to approve the permits to complete the generator installation. She stated did not request an extension with the Agency.

Class III