STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969267	**09/11/2018**
NAME OF PROVIDER OR SUPPLIER **ELDERLY R US LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2980 NW 84 TERR** **MIAMI, FL 33147**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on . . . . . and concluded on . . . . Elderly R US LLC (file #11969267) with Limited Mental Health (LMH) component had deficiencies identified at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . The facility also failed to ensure that Staff A was qualified to be the administrator.

Findings included:

Personnel record review revealed Staff A (administrator/ owner) hired on . . . . . did not have evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . .

Staff A failed to show documentation that she was qualified to be the Administrator of the facility.

On . . . . . at 9:17 AM the facility's consultant confirmed that Staff A did not have proof of CORE training or documentation that the CORE training was scheduled. She also confirmed Staff A did not have the statement from a health care provider.

Class III

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

Based on observations and record review, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

Facility tour on . . . . . at 8:54 AM found the property had 5 . . . . which included a converted garage and two bed . . . . . that did not have closets. The property also had two . . . . . . The property records showed the facility had 3 bed . . . . and 1 . . . . . .

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A notice of violation ( ) was issued from the county. The county found the facility made unapproved changes to the structure of the home which included the garage was converted into a , interior remodeled including electrical connections and new A/C unit installed.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and record review, the facility failed to have an approved power plan, fuel onsite, and policies and procedures related to the emergency environmental control in the event of the loss of primary electrical power in the assisted living facility .

Findings included:

Observations during the tour on at 8:54 AM found a portable generator. Further observations, found the facility did not have at least 48 hours of fuel onsite.

Record review revealed the facility failed to have an approved power plan and policies and procedures related to the emergency environmental control in the event of the loss of primary electrical power in the assisted living facility.

Class III