STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	**08/14/2018**
NAME OF PROVIDER OR SUPPLIER **PETSHIRL GROUP HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8361 N E 3RD AVENUE** **MIAMI, FL 33138**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018013200) was conducted on , 2018. Petshirl Group Home Inc. (license #11895) with Limited Mental Health component had a deficiency identified at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. The facility failed to submit in writing proof of the approval to the Agency for Health Care Administration within two (2) business days of the approval of the plan from the local emergency management agency.

Findings included:

Review of the emergency power plan approval letter revealed that it had been approved on .
The facility failed to maintain a copy of the plan available for review and submit the plan in writing to the Agency.

On at 12:25 PM the Administrator stated, "I have a copy of the emergency power plan but I do not know where it is. I did it at the local assisted living facility provider association's office and the girl printed out a copy and gave it to me but I do not know where it is."

Class III