| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968320** | **08/31/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR FAMILY ASSISTED LIVING FACILITY II, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1813 SW 150 PLACE**<br>**MIAMI, FL 33185** | |

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

**0000 - Initial Comments**

A Complaint Survey (#2018013199) was conducted on . . . . . and concluded on . . . . . . . Our Family Assisted Living Facility II, Inc (license #12214) had the following deficiencies identified at the time at the survey:

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on record review and interview the facility failed to develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate , operate and maintain the alternate power source and the required fuel for the operation of the alternate power source.

Findings as follow:

Record review showed the facility had did not have emergency power plan policies and procedures available for review. The facility had only 5 gallon of gasoline, which is not enough to operate the alternate power source for the first 48 hours.

On at 9:30 AM the facility's Assistant Administrator stated believed the emergency power plan and all the required documentation had been completed and it were in the facility.

Class III