

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968378	(X3) DATE SURVEY COMPLETED 08/28/2018
NAME OF PROVIDER OR SUPPLIER HOLY FAMILY GROUP HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 920 SW 93 AVENUE MIAMI, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A generator monitoring survey was conducted on 08/28/2018. Holy Family Group Home ALF Inc. (AL#12282) with Limited Nursing Services and Limited Mental Health components had no deficiencies 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 have a detailed Emergency power plan in place. There was no written notification, in writing, within 5 business days, to each resident and the resident's legal representative of the submission and final implementation of the plan. The facility had no monoxide tester. Findings as follow: Observation on 08/28/2018 at 10:00 AM showed the facility did not have a monoxide alarm. Six out of six residents records reviewed showed the facility had no documentation of the written notification given to residents and family about the submission and final Power Plan implementation. On 08/28/2018 at 9:30 AM the Administrator stated he believed the Emergency Power Plan and all the required documentation had been completed. Class III		

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