STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	**08/23/2018**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A generator monitoring survey was conducted on , 2018. Diaz Home Care Alf, Inc., with a limited mental health component (license #11119) had the following deficiency identified at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the Facility failed to maintain emergency fuel as required at all times.

Findings include:

On at 9:50 AM, there was no emergency fuel on hand for the operation of the generator. There were containers for fuel, but they were empty.

On at 9:53 AM, the Administrator stated that he would pick up fuel at the gas station on the corner.

Class III