STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **HAPPY PLACE GROUP HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12216 SW 10 TERRACE** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Generator Monitoring survey was conducted on . . . . . Happy Place Group Home Inc (License # 11481) had deficiencies identified at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to notify each resident or resident's representative in writing of implementation of the Emergency Power Plan. The facility failed to have fuel stored on site.

Findings include:

Observation on . . . . . at 10:00 AM showed that the facility did not have fuel stored onsite.

Facility record review showed that there was no documentation that the resident or resident representative were informed about the implementation of the emergency management plan.

On at 10:10 AM, Staff A stated that there was no written documentation that each resident or resident representative were notified of implementation of the plan. She confirmed there was not fuel stored on site.

Class III