

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967751	(X3) DATE SURVEY COMPLETED 09/04/2018
NAME OF PROVIDER OR SUPPLIER WATERWAY HOMES ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5895 SW 35 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A generator monitoring survey was conducted on Waterway Homes ALF, Inc. (license #11862) had the following deficiencies identified at the time of survey: 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview the facility failed to have the Emergency management plan approval letter available for review. Findings as follow: Record review showed the facility did not have an emergency management plan approval letter in facility, available for review. On at 11:40 AM the Administrator stated he had not received the emergency management plan approval letter from the local agency. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview the facility failed to be in compliance with the emergency power plan. Findings as follow: Record review showed the facility did not have emergency power plan policies and procedures available for review. The facility also did not have of the emergency power plan and the documentation of the developed and implemented plan to maintain and test the generator. The facility did not have available a monoxide alarm. On at 12:10 PM the Administrator stated will start working in completing all the emergency power plan requirements. Class III		

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