

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967365	(X3) DATE SURVEY COMPLETED 08/23/2018
NAME OF PROVIDER OR SUPPLIER ALL USA HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4214 SW 3 STREET MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Investigation (CCR 2018012818) was conducted at All USA Home Inc (licence #11431) on ... All USA Home Inc had a deficiency at the time of the investigation : 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 it can effectively and immediately activate , operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. Findings included: A review of the facility Emergency Power Plan (EPP) record on ... revealed that it did not have a written EPP policies and procedures available for a review . During an interview on ... at 9:53 AM the Administrator stated "you know what, I am sorry, you were right. I just called the person who was here, the consultant, she did not tell me that. She did not tell me that I needed a policy for the EPP." Class III		