STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Generator Monitoring survey was conducted , 2018. Maud's Place (license #10440) had the following deficiency identified at time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to have policies and procedures regarding that power plan and documentation that the residents were notified.

Findings included:

The facility did not develop or implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility did not documentation that the residents were notified of the implementation of the plan.

On at 10:32 AM the Administrator's Assistant acknowledged the facility did not have the policies and procedure and have not informed the residents."

Class III