STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968041	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **TROY & GREG CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12260 SW 184TH ST** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Generator Monitoring Survey was conducted on . . . . . Troy and Greg corp. with limited mental health component (license #12007) had the following deficiency identified at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review the facility failed to develop a written policies and procedures a plan and to notify each resident or resident representative documenting implementation of the plan to ensure the safety of the residents in case if a declared emergency.

Findings Include:

A record review of the resident records showed there was no documentation of a written policies and procedures notifying each resident or resident representative of the plan.

On at 2:00 PM the Administrator stated "No, I have not provided the residents with written policies and procedures notifying them of a plan in case of a declared emergency."

Class III