STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	**09/04/2018**
NAME OF PROVIDER OR SUPPLIER **ELENA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1731 SW 11 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Complaint Investigation (CCR#2018009579) was conducted on . . . . . . Elena Assisted living facility Corp with a Limited Mental Health component (AL11588) had deficiencies at the time of the investigation:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards to its residents and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

During the facility tour on . . . . . at 8:00 AM, the observed: the main entrance door and the living 's door had peeling paint; # had dark stains that look like mold in the ceiling corner and a crack in one of the corners, and the closet did not have a door; there were broken and missing tiles by # 's door; the dining area had dirty chairs and the floor was dirty; the backyard had multiple debris, broken and unused furniture, shopping cart, and a two story house with holes in the exterior wall and a tree trunk on its covered porch.

During an interview on at 11:02 AM, the Owner stated "Resident #1 did not want the closet door. I can put the door back." The Owner added "the facility is a mess because I am going to close." The Owner added "yesterday, was very windy that is why there are a lot of leaves there."

Class III

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 its alternate power source and any fuel required for the operation of the alternate power source. The facility also failed to notify each resident/resident representative in writing of implementation of the plan.

Findings included:

A review of the facility records on revealed that the facility did not have a generator on site.

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There was also no documentation of written policies and procedures to ensure that it can effectively and immediately activate an alternate power source. There was no record the notification of the implementation of the plan for the residents/residents' representative. The facility did not have any fuel on site.

During an interview on [redacted] at 11:02 AM, the owner stated "I was testing the generator, something was wrong, so I took it somewhere so that they can fix it. I can bring it back. The Owner added "I was going to get the gas after I brought the generator back to the facility."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database on revealed that Staff D hired on was listed in the roster as an employee at the facility.

During an interview on at 9:11 AM the Owner stated Staff D was no longer working at the facility.

Unclassified