

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 10/02/2018
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A Generator Monitoring Survey was conducted on 10/02/2018 through 10/02/2018. Alfonso's ALF (license #11816) had the following deficiency identified at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to acquire an alternate power source. The facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained. The facility failed to obtain the required fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. Additionally, the facility failed to notify its residents and their family or representative (in writing) of its emergency power plan; and the facility failed to obtain and store fuel onsite as required.

Findings include:

On 10/02/2018 at 11:30 am, an environmental safety tour was conducted with the facility Owner. Observed that the facility had no alternate power source or fuel on premise as required.

On 10/02/2018 a record review revealed that the facility did not have a written policy or procedure to educate and direct staff on how to operate and maintain the facility's alternate power source (generator). Additionally, the facility did not have a process to maintain or test the generator. Further review of the record revealed that the facility did not notify its residents and their family or representative (in writing) of its emergency power plan.

On 10/02/2018 at 11:30 am in an interview the Owner stated the facility has a generator, but it is not stored onsite. Owner stated that that they were aware of the requirement to have both the generator and fuel onsite but, due to the lack of storage space, they decided they would transport the generator to the facility and obtain the required amount of fuel once a hurricane watch is issued.

On 10/02/2018 at 2:10 PM a new, sealed box containing a generator was observed in the facility's office. The generator was encased with plastic and had not been previously removed from the box. Additionally, 5 gallons of gas was observed.

On 10/02/2018 at 2:13 PM, in an interview, the Owner stated that she stored the generator at her home. She reported that the generator was brought from her home, to the facility, the week after the AHCA visit

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