STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967575	**09/05/2018**
NAME OF PROVIDER OR SUPPLIER **EXCELLENT GRANDPARENTS PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13342 SW 6 STREET** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Monitoring (Generator) survey was conducted on . . . . . Excellent Grandparents Place, Inc with limited mental health service component (License # 11639) had deficiencies 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 notify each resident or resident representative in writing of implementation of the plan. The facility also failed to have fuel stored on site. The facility failed to have a . . . . monoxide detector.

Findings Include:

Observation on . . . . . at 8:00 AM showed that the facility did not have a . . . . monoxide detector and fuel stored onsite.

Facility record review showed that there was no documentation that the residents or residents' representatives were informed about the implementation of the emergency management plan.

Interview conducted on . . . . . at 9:15 AM, Administrator confirmed that the facility did not notify each resident or resident representative in writing of implementation of the plan and there was not fuel stored on site. In addition she said that the facility did not have a . . . . monoxide detector.

Class III