STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **PERSONALIZED HEALTH SERVICES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8510 SW 12TH STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Generator Monitoring Survey was conducted on . . . . . Personalized Health Service, Corp. with Limited Mental Health component, license #11467, had a deficiency found at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation and interview the facility failed to be in compliance with the emergency power plan.

Findings included:

Review of health finder database revealed that the facility was suppose to have the emergency power plan implemented on .

Review of the emergency plan stated that 14 five gallons containers would be filled by the administrator and taken to the facility before the emergency.

On . . . . . at 8:10 AM observed that there were 10 gallons of gasoline kept in the storage.

On . . . . . at 9:22 AM the Administrator stated that the fire department told her that she could not keep 96 gallons of gasoline at the facility but did not give it in writing.

Class III