STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967324	**08/22/2018**
NAME OF PROVIDER OR SUPPLIER **SHALOM ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **441 NW 33 AVE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Generator Monitoring complaint survey (2018012641) was conducted on [redacted] and concluded on [redacted]. Shalom ALF (License #11381) 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 have written policies and procedures of the operation and maintenance of the alternate power source. The facility also failed to notify each resident or resident representative in writing of implementation of the plan. The facility failed to have fuel stored on site.

Findings include:

Observation on [redacted] at 9:00 AM showed that the facility did not have fuel stored onsite.

Facility record review showed that there was no written policies and procedures of the operation and maintenance of the alternate power source and that the resident or resident representative were informed about the implementation of the emergency management plan.

On [redacted] at 9:30 AM, Administrator stated that she was aware of the requirement but decided she would obtain the required amount of fuel once a hurricane watch is issued.

Class III