

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966547	(X3) DATE SURVEY COMPLETED 10/16/2018
NAME OF PROVIDER OR SUPPLIER ADA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 NW 122 Place MIAMI, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Generator Monitoring Survey was conducted on ... Ada ALF Inc with License #10770 had a deficiency at the time of the survey; 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the facility failed to fully comply with the requirements of the Emergency Environmental Control Plan. The facility did not have monoxide ... detectors installed. Findings included: During a tour of the facility on ... at 18:36 AM no ... monoxide detectors were observed. During an interview on ... at 8:58 AM, the Administrator stated "we were never told to put a ... monoxide detector in the facility." Class III		