STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964770	**10/24/2018**
NAME OF PROVIDER OR SUPPLIER **SYLVIA'S SENIOR HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **23025 SW 120 AVENUE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Generator Monitoring Survey was conducted on . . . . . Sylvia's Senior Home with a Standard License #9429, had the following deficiency found 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 provide written notification within five business days to residents and/or representative upon emergency power plan submission for review and upon final implementation of the plan. The facility also failed to obtain a monoxide alarm to ensure the safety of the residents.

Findings included:

On . . . . . at 10:00 AM during tour of common area, there was no observation of the required monoxide detectors.

On at 12:00 PM the administrator stated "We have to buy the detectors and installed them. I will generate the written form for the residents and their families to review and sign, informing them of the emergency plan."

A review of the facility's resident records and emergency plan showed there was no documentation of a written notification to the residents or their representative informing them of the emergency plan in case of a declared emergency.

Class III