STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	R **10/31/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Follow Up Visit to a Generator Monitoring Survey was conducted at South Florida Home Services Inc (License # 9352) with Limited Nursing Services and Limited Mental Health components on , 2018. Deficient practice was identified during the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to maintain the required 48 hours of fuel onsite for the operation of its alternate power source.

Findings included:

During the facility on at 9:08 AM, two empty gallons of gasoline were observed in the kitchen storage.

During an interview on at 9:24 AM Staff B stated, "no gasoline now. Gallons are empty. These are for after the hurricane" pointing at the empty gallons in the kitchen storage.

On at 11:31 AM, the Owner stated "I don't want to have gas on the property with the residents. Let me go buy it and I will bring it in 10 minutes."

Uncorrected Class III