

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967365	(X3) DATE SURVEY COMPLETED R 10/31/2018
NAME OF PROVIDER OR SUPPLIER ALL USA HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4214 SW 3 STREET MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow up to a complaint Investigation (CCR 2018012818) was conducted at All USA Home Inc on and concluded on All USA Home Inc, with a standard license #11431 had a deficiency found at the time of the survey. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to develop and implement written policies and procedures to ensure that it can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. Findings included: A review of the facility Emergency Power Plan (EPP) record on revealed that they have a written EPP policies and procedures available for a review but the facility had not notified to the residents in writing. On and several attempts were made to obtain documentation that the facility had notified the residents, in writing, but there was no response. Uncorrected Class III		