STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967124	R 12/12/2018
NAME OF PROVIDER OR SUPPLIER **ZUNI ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **370 NW 133RD PLACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A monitoring survey revisit was conducted on . . . . . Zuni ALF, Inc. with standard license had the following deficiencies identified at the time of survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have an updated health assessment for one of five sampled residents who had a change in condition (Resident #1). The facility also failed to have evidence of a power of attorney (POA) for one of five sampled residents (Resident #5).

Findings included:

1) On . . . . . at 9:20 AM observed hospice resident (#1) lying in bed with full rails. Further observation on at 12:10 PM found Resident #1 eating with no assistance from staff. On at 1:39 PM observed Resident #1 walking from her room to the living room with minimum staff assistance.

Record review showed Resident #1 was admitted to the facility on . Resident #1's health assessment dated . . . . documented the resident required total assistance to transfer and assistance with ambulation, bathing , , eating and toileting. The assessment showed resident was an elopement risk. The facility did not have an updated health assessment for Resident #1.

On . . . at 2:00 PM AM, the Administrator stated Resident had improved a lot her physical condition and now she can sit, eat and transfer by herself. The Administrator stated now Resident #1 is not under elopement risk.

2) Record review showed the Contract of Resident #5 was signed by a family member. The facility did not have a power of attorney for Resident #5.

On at 3:00 PM the Administrator stated the family of Resident #5 had not provided a power of attorney for her.

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

Based on observation, record review, and interview the facility failed to have sufficient fuel to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of forty eight (48) hours after the loss of primary electrical power. The facility had neither acquired the services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.

Findings as follow:

On at 3:00 PM observed the facility had 2 containers of 1 gallon each of gasoline. The facility did not have the required fuel to power the generator for 48 hours.

The facility failed to acquired the services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.

On at 3:00 PM the Administrator stated that she believed it was not allowed to have more than the fuel she had in storage. The Administrator added that they checked the generator when it was bought and it will be tested every six months but the facility had no written documentation of it.

Uncorrected Class III