STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	R 12/17/2018
NAME OF PROVIDER OR SUPPLIER **CARY'S ADULT CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15765 SW 76 TERRACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

On , a follow up to a complaint (CCR #2018007713) and a Monitoring (Generator) was conducted at Cary's Adult Care 2, with a Limited Mental Health component. Deficient practice was identified during the survey:

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a health assessment completed within 60 days prior to admission or 30 days after admission, for two out of six (Resident #4 and #7) sampled residents.

Finding included:

A review of Resident #4's record (admitted on /1)7 and Resident #7's record (admitted on) showed that there was no health assessment on record for review.

On at 8:40 AM in a phone interview, the Administrator stated that he had called the regional office on in the afternoon to request an extension because all the documents needed for the correction were in his car.

Uncorrected
Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview, the facility failed to have documentation of a satisfactory annual sanitation inspection. The facility also failed to have current liability insurance.

Findings included:

On at 8:00 AM , observed that the sanitation inspection dated and a liability insurance policy from to posted on the bulletin board had expired.

Facility record review showed that there was no current sanitation inspection or liability insurance policy available for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	R 12/17/2018
NAME OF PROVIDER OR SUPPLIER **CARY'S ADULT CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15765 SW 76 TERRACE** **MIAMI, FL 33193**	

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

On at 8:40 AM in a phone interview, the administrator stated that he had called the regional office on in the afternoon to request an extension because all the documents needed for the correction were in his car.

Uncorrected
Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to acquire an alternate power source. The facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained. The facility failed to obtain the required fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. Additionally, the facility failed to notify its residents and their family or representative (in writing) of its emergency power plan.

Findings include:

On at 9:00 AM, observed that the facility still did not have an alternate power source and did not have fuel onsite in case of an emergency or power outage.

A facility record review revealed no documentation of written policies or procedures to educate and direct staff on how to operate and maintain the facility's alternate power source (generator). Additionally, the facility did not have a process to maintain or test the generator. Further review of the record revealed that the facility did not notify its residents and their family or representative (in writing) of its emergency power plan.

On at 8:40 AM in a phone interview, the Administrator he stated that he had called the regional office on in the afternoon to request an extension because all the documents needed for the correction were in his car. With reference to the generator, fuel and the other items,he stated he also had then with him. The generator he stated he had loaned to a friend up north thus the reason why he did not have it in the facility.

Uncorrected Class III