

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966825	(X3) DATE SURVEY COMPLETED R 01/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING III	STREET ADDRESS, CITY, STATE, ZIP CODE 15242 SW 16TH TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial survey revisit was conducted on Miramar Senior Living III had a deficiency identified at time of the survey: 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview the facility failed to be in compliance with the emergency environmental control plan. Findings included: Facility tour on at 9:15 AM showed the facility had insufficient fuel storage to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of forty-eight (48) hours after the loss of primary electrical power during a declared state of emergency. The facility had 15 gallons of gasoline. The facility also did not have monoxide detectors. Record review showed the facility failed to have documentation that the resident files (resident #1, #2, #3, #4, #5 and #6) notifying them about the emergency power plan implementation. On at 11:05 AM the Administrator stated that he would buy the required gasoline. He stated that would give residents the written emergency power plan notification to be signed. Class III		