

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968209	(X3) DATE SURVEY COMPLETED 01/23/2019
NAME OF PROVIDER OR SUPPLIER ELITE MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE 22022 MARTELLA AVE BOCA RATON, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2018016676, was conducted on at Elite Manor Inc., License # 12156. The allegations were not substantiated. However, an unrelated deficiency was identified at the time of the survey. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review and interview the facility failed to ensure that they had 48 hours of fuel on-site to operate and maintain the alternate power source. The findings included: During an observation tour conducted on at 2:00 PM with the owner of the facility, fuel for the alternate power source (generator) was not observed. In an interview conducted on at 1:43 PM with the owner of the facility, she confirmed that the facility did not currently have any fuel at the facility to run the alternate power source (generator). A review of the Facility's Generator Addendum to the Comprehensive Emergency Management Plan revealed in Section II. Aquisition of fuel , The facility will install an above ground 300 gallon diesel storgae tank. In a subsequent interview conducted with the Administrator on at 2:20 PM, she confirmed that this was not completed and that the generator that was purchased runs on regular gasoline. Class III		