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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11942940</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>02/01/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUTH OAKS ASSISTED LIVING HOME, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6141 SW 34TH STREET<br/>MIRAMAR, FL 33023</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced Generator Monitoring survey was conducted on ..... at South Oaks Assisted Living Home, License #5855. The facility had deficiencies at the time of the survey.</p> <p>(An unannounced ECC Monitoring second revisit survey was conducted in conjunction with the above Generator Monitoring survey. Please see separate report for findings.)</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on interview and record review, the facility failed to provide evidence of the Comprehensive Emergency Management Plan approval letter (CEMP) from the local emergency management agency.</p> <p>The findings included:</p> <p>On ..... at 10:15 AM, the Administrator was requested to provide the CEMP approval letter. He stated he was having problems with obtaining the Fire Inspection approval letter. He could not provide proof of the CEMP receipt and/or approval.</p> <p>At this same time, the Administrator acknowledged the findings. He stated he had attended a meeting recently with the local emergency management agency. He stated he is working on obtaining the approval letter.</p> <p>Class III</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on interview and record review, the facility failed to provide evidence of the Emergency Environmental Control Plan approval letter.</p> <p>The findings included:</p> <p>On ..... at 10:15 AM, an interview was conducted with the Administrator. He stated he does not have the generator approval plan yet. He stated he is still working with the local county emergency management agency for the Comprehensive Emergency Management Plan (CEMP).</p> <p>At this same time, the Administrator stated he did not have the generator plan at this time. He</p> |                                                                                           |                                                     |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 02/19/2019  
FORM APPROVED**

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| STATEMENT OF<br>DEFICIENCIES                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11942940</b>            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/01/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUTH OAKS ASSISTED<br/>LIVING HOME, LLC</b>                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6141 SW 34TH STREET<br/>MIRAMAR, FL 33023</b> |                                                        |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                               |                                                                                           |                                                        |
| <p>acknowledged the findings. He stated he will inquire about obtaining the variance option to obtain more time.</p> <p>Class III</p> |                                                                                           |                                                        |