

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910067	(X3) DATE SURVEY COMPLETED 03/07/2019
NAME OF PROVIDER OR SUPPLIER MIGDALIA'S ACLF	STREET ADDRESS, CITY, STATE, ZIP CODE 2302 NORTH LINCOLN AVENUE TAMPA, FL 33607	

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

0000 - Initial Comments

Assisted Living Facility

An abbreviated biennial survey was conducted on _____ at Migdalia's ACLF (License #6683), an assisted living facility located in Tampa, FL. There were deficiencies identified at the time of survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to maintain a copy of the approved Comprehensive Emergency Management Plan (CEMP).

Findings Included:

Record review conducted on _____ revealed there was no submission or approval letter of the facility's CEMP.

During the entrance conference conducted on _____ at 9:40am, the Administrator stated they did not have the submission or approval letter for the CEMP.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed maintain sufficient fuel supply and have an approved emergency power plan.

Findings Included:

Record review conducted on _____ revealed there was no submission letter or approval letter of the facility's Emergency Power Plan.

During the entrance conference conducted on _____ at 9:40am, the Administrator stated they had not submitted their Emergency Power Plan and there was not any propane on site.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/22/2019
FORM APPROVED**

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