

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968047	(X3) DATE SURVEY COMPLETED 03/13/2019
NAME OF PROVIDER OR SUPPLIER TROPICAL ALF (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 8495 SW 40 TERR MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on Tropical ALF Inc. (The) with limited mental health component had the following deficiency identified at time of the survey: 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observations, record review, and interview, 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. The facility failed to notify in writing, each resident and the resident's legal representative of the emergency plan procedures and failed to have a monoxide alarm. Findings included: Review of the facility's Emergency Power Plan file revealed it did not have written policies and procedure to educate and direct staff on how to operate and maintain the facility's alternate power source (generator). The facility did not documentation that the residents were notified of the implementation of the power plan and did not have any monoxide detectors in the facility. The manual for generator showed the generator fuel tank capacity of 7 U.S. gallons which runs for 12 hours. The facility had a total of 10 gallons of fuel onsite and needed more fuel to run generator for 48 hours. On at 1:15 PM the Administrator acknowledge after review that the facility did not have the monoxide detector, did not have instruction on how to operate the generator, and give the resident a notice of emergency plan. On at 1:20 PM The Administrator stated, I was waiting for the fire department to tell exactly how much fuel I need to run the generator. Class III		