STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	**03/21/2019**
NAME OF PROVIDER OR SUPPLIER **MARTIN RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19940 SW 124 COURT** **MIAMI, FL 33177**	

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

0000 - Initial Comments

On , an abbreviated biennial converted to standard survey at Martin Residences, Inc. Deficient practice was identified during survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, 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.

Findings include:

On at 11:30 AM observations revealed the facility did not have fuel onsite in case of an emergency or power outage.

On at 10:40 AM the administrator stated that he had only one container to run the tests every month and when needed he would buy more.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure one out of six sampled staff completed the limited mental health initial training within 6 months of employment (Staff F).

Findings included:

A review of the facility's license found it have the limited mental health component.

A review of Staff F's employee file showed that she did not have the initial training on her personnel file. Staff F was hired on .

On at 10:25 AM the administrator stated that he had programmed the class for the caregiver for the following day but he was not expecting the survey as of yet.

Class III

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