

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965168	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER ISA ADULT HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4363 SW 146 AVENUE MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Survey was conducted at Isa Adult Home Care on The facility had deficiencies identified at the time of the survey. 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have a complete resident demographic data sheet for one out of six sampled residents (Resident #6). Findings included: Review of Resident #6 demographic on showed documentation of an emergency contact name and phone number. On at 3:44 PM attempted to conduct a family interview for Resident #6 by contacting the emergency contact found on the demographic sheet a lady answered the phone and stated "no, I don't know him, you dialed a wrong number." Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review and interview, the facility failed to have 48 hours of fuel onsite to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. Findings included: During a tour of the facility on at 8:00 AM, no fuel was observed. Review of the facility Emergency Power Plan (EPP) on stated "The generator uses gasoline. The facility plans to have installed one 110-gallon gasoline fuel tank with a pump to continually feed the generator for a minimum of 96 hours.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965168	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER ISA ADULT HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4363 SW 146 AVENUE MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an interview on at 8:18 AM Staff C stated "no, there is no gasoline." In an interview on at 9:10 AM the Owner stated "no, no gasoline, let me go buy it." In an interview on at 9:38 AM the Owner stated "my husband bought the gasoline. No, there was no gasoline here earlier." Class III		