STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967626	**04/05/2019**
NAME OF PROVIDER OR SUPPLIER **RESTORED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1470 NW 174 STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Biennial Survey was conducted at Restored Living Facility on , , . Deficiencies were identified at time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview, the facility failed to have evidence of a negative examination documented on an annual basis for one out of three (Staff B) sampled staff.

Findings included:

On at 8:45 AM Staff B and C were observed in the facility preparing and serving breakfast to resident breakfast, assisted the residents with self-administration of medication, and were cleaning resident rooms.

Review of the personnel files for Staff B showed the negative statement was dated and expired on . Staff A did not have a negative examination documented on an annual basis in file.

On at 11:23 AM Staff B stated, "I know I do not have it. I will get it next week."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to have fuel onsite to operator the generator, a monoxide alarm, and did not have policies and procedures.

Findings included:

The facility did not have any fuel onsite and a monoxide alarm. The facility did not have a develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source.

On at 2:30 PM the Administrator acknowledged she does not have a monoxide alarm,

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fuel onsite, and had not implemented a written policy on alternative power source.

Class III