STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968496	**04/18/2019**
NAME OF PROVIDER OR SUPPLIER **VILLASOL GROUP INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14300 SW 36 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A re-licensure was conducted at Villasol Group Inc. on . . . . . Deficiencies were identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on 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 notify its residents and/or the resident's representative of the implementation of the facility's Emergency Plan for six out of six (Residents #1, #2, #3, #4, #5, and #6) sampled residents.

Findings included:

Facility's record review showed the facility did not have a written policy detailing and instructing staff how to operate and maintain the generator. Resident record review showed the facility did not notify residents and/or their legal representatives of the facility's emergency plan as required.

Interview conducted on . . . . . at 1:55 PM, Administrator confirmed that the facility did not have a written policy detailing and instructing staff how to operate and maintain the generator and they will notified the resident's and/or their representative of the implementation of the plan.

Class III