STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	**04/22/2019**
NAME OF PROVIDER OR SUPPLIER **MORNINGSIDE MANOR & VILLA ADULT CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 SOUTH DRIVE** **MIAMI SPRINGS, FL 33166**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Morningside Manor & Villa Adult Care Corp. on . . . . . The assisted living facility had the following deficiencies identified at the time of the visit:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to document two elopement drills per year.

Findings as follow:

Record review showed the facility's last elopement drills were completed on and .

On at 11:50 AM the Administrator stated that the elopement drills were conducted but she was unable to provide the documentation.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have the emergency management plan submitted and approved by the local agency on annual basis.

Findings as follow:

On . . . . . at 11:00 AM the Administrator stated they already submitted the emergency management plan to the local agency but they had not sent the approval letter.

The last emergency management plan approval letter available for review was dated .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to be in compliance with the emergency environmental control plan.

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	AL11966094	**04/22/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings as follow:

On at 12:15 PM it was observed the facility had the portable generator in a wrapped box in the utility room. The facility did not have a monoxide detector available.

Record review showed the facility did not have developed and implemented written policies and procedures to ensure that the assisted living facility could effectively and immediately activate , operate and maintain the alternate power source. The facility did not acquire the services to test and maintain the power source. They did not have available the written notification to residents and family about the emergency power plan (EPP) implementation

On at 12:15 PM the Administrator stated that she was not clear about what to have regarding the EPP but she would work on all pending emergency power plan requirements .

Class III