STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968484	R **05/28/2019**
NAME OF PROVIDER OR SUPPLIER **BUENA VISTA HEALTH CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4230 NW 196 STREET** **MIAMI GARDENS, FL 33054**	

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

0000 - Initial Comments

A re-licensure revisit was conducted at Buena Vista Health Care on . . . . Deficiencies were identified at the time of survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to have an accurate emergency power plan (EPP).

Findings included:

Observation on . . . . at 10:00 am revealed a fixed generator.

A review of the consumer friendly summary in the Agency for Health Care Administration's database showed that the facility had a portable generator.

On at 11:30 am, Staff B stated "The facility made a mistake while filling the form; however, we corrected. I also advise the CEMP (Comprehensive Emergency Management Plan) and the Agency."

Class III