

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911637	(X3) DATE SURVEY COMPLETED 07/26/2018
NAME OF PROVIDER OR SUPPLIER LAKEHOUSE WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 3435 FOX RUN ROAD SARASOTA, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced emergency power plan monitoring visit was conducted on at Lakehouse West, an assisted living facility (license #5850) in Sarasota, Florida. The following is description of the deficiencies. 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview, and record review, the assisted living facility (ALF) failed to develop a policy and procedure to include provisions to ensure that the ALF residents do not experience care and service complications in the event of the loss of primary electrical power. The policy did not contain provisions specifically related to the use of cooling devices, maintenance of medication requiring refrigeration, wellness checks to monitor for signs of and heat injury and provisions for obtaining emergency medical services interventions. The ALF also failed to obtain a monoxide alarm to ensure the safety of the residents. The findings included: A record review of the facility policy related to natural disasters dated 1997 revealed that the policy did include a provision of how the facility would care for residents remaining in the facility during a declared state of emergency. On at 12:00 p.m., the common was observed where the facility said residents would congregate in the event of loss of power. No detectors were observed in the area. On at 12:08 p.m., an interview was conducted with the administrator related to the omissions in the policy and procedures. The administrator stated, "I don't have any policy related to that." On at 12:13 p.m., an interview was conducted with the administrator and the environmental services director related to obtaining and installing monoxide detectors. The environmental services director stated, "didn't know we needed them." Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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