

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968054	(X3) DATE SURVEY COMPLETED 08/13/2018
NAME OF PROVIDER OR SUPPLIER SOARING EAGLE INVESTMENT ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1568 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018007862, was conducted on _____ at Soaring Eagle Investment Assisted Living Facility LLC, License # 12052. The facility had a related deficiency at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview it was determined the facility failed to maintain a copy of its policies and procedures in a manner that makes it readily accessible upon request.

The findings include:

During observation of the facility, record review, and interview conducted with the Administrator, on _____ beginning at approximately 10:05 AM, the following concerns were identified related to the Emergency Environmental Control Plan:

- 1) The Administrator acknowledged this facility does not have any _____ monoxide detectors at this time.
- 2) The Administrator was not able to locate or print the Emergency Environmental Control Plan policies and procedures, therefore, it was not readily accessible.
- 3) The Administrator stated she had initially purchased a portable generator and had returned it as she changed her mind and ordered a fixed generator. This fixed generator was not on site at the time of this inspection.
- 4) The Administrator acknowledged that the brick pavers were installed directly next to the house and that this is where the fixed generator is to be installed. The trench for the propane tank, pipes, and valves were leading up directly next to the house (pictures obtained).

The Administrator was not able to locate an extension letter from the County Emergency Management authorities at the time of this onsite inspection. An extension letter was provided subsequent to this onsite inspection (via email) and it was dated _____ (the same date as this onsite inspection).

Class III