STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966506	**08/09/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR AT SHELL POINT (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8100 ARBOR COURT** **FORT MYERS, FL 33908**	

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

0000 - Initial Comments

An unannounced extended congregate care and emergency power plan monitoring survey were conducted on . . . at The Arbor at Shell Point, an assisted living facility (license #10700) in Fort Myers, Florida.

The following is description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview with the Administrator, the facility has not notified each resident/resident's representative in writing of implementation of the emergency power plan.

The findings included:

Record review on revealed no notice to residents or their representatives that the emergency power plan had been submitted for review and approval.

In an interview on . . . . . at 10:15 a.m., the Administrator said when the emergency power plan is approved by the Emergency Operations Center the letter will be sent out.

Class III