STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932380	R 08/16/2018
NAME OF PROVIDER OR SUPPLIER **FOUNDATIONAL HEALTH ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10591 BAY PINES BLVD** **SAINT PETERSBURG, FL 33708**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to . . . . . complaint survey (CCR#2018006241, CCR#2018006802 and CCR#2018007196), was conducted on . . at Foundational Health ALF (License #7797), an assisted living facility in St. Petersburg, Florida. There were deficiencies identified at the time of visit.

0182 - Emergency Mgmt - Plan Implementation - 58A-5.026(3) FAC

Based on record review and interview, the Facility failed to produce written evidence for notification of the Facility's comprehensive emergency management plan approval and implementation to residents and/or residents' legal representative for six of six residents who resident at the facility.

Findings included:

Record review, conducted on , revealed the Facility's comprehensive emergency management plan was reviewed and approved on . There was no evidence that the facility notified the residents of the Facility's comprehensive emergency management plan approval and implementation.

During interview with the Administrator, on at 01:55 p.m., he confirmed that the Facility's comprehensive emergency management plan was approved, and implemented on . . . . . . The Administrator stated that residents and responsible parties were verbally notified, and confirmed that the residents and legal representative were not notified in writing.

Class III