STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969078	**08/23/2018**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT THE LODGES AT IDLEWILD**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 EXCITING IDLEWILD BLVD** **LUTZ, FL 33548**	

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

0000 - Initial Comments

Assisted Living Facility

On [illegible], 2018, a biennial re-licensure survey was conducted at Angels Senior Living at the Lodges at Idlewild. Deficient practice was identified during the survey.

(License #12899)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on attempted record review and interview, the facility failed to provide proof of notifying each resident and residents' legal representatives of the final implementation of their emergency environmental control plan (Plan).

Findings included:

A request was made to the Corporate Operations Manager on to provide proof that residents and residents' legal representatives were notified of the facility's implementation of their Plan. No documentation was provided.

The Corporate Operations Manager was interviewed at 2:55 PM on and they stated that there was no proof that residents and residents' legal representatives were notified about the implementation of their Plan.

Class III