STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968688	**08/29/2018**
NAME OF PROVIDER OR SUPPLIER **LONGLEAF ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3935 43RD AVE N** **SAINT PETERSBURG, FL 33714**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . . , a biennial relicensure survey with Limited Mental Health Services was conducted at Longleaf Assisted Living Facility (ALF) (Lic. #12564). Deficient practice was identified during the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to notify its residents and/or their representatives in writing within 5 business days of the implementation date of its emergency power plan.

Findings include:

A review of the facility's emergency power information submitted to the Agency indicated that the facility's implementation date for its emergency power plan was . . . . .
The administrator verified this in an interview at 10:20am on . Further interview revealed that she had not yet notified any of the residents or their representatives of this implementation in writing, stating that she had informed them only verbally thus far.
Also,upon request and through observation throughout the survey, no . . . . monoxide detector was observed.
The administrator stated that she did not have one on the premises.

Class III