

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969196	(X3) DATE SURVEY COMPLETED 08/31/2018
NAME OF PROVIDER OR SUPPLIER NENA'S ON THE LAKE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 NW 47TH CT FORT LAUDERDALE, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced ECC monitoring survey was conducted on at Nena's ON The Lake (Lic#13028). The facility had deficiencies identified at the time of the monitoring survey. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval. The findings include: On at approximately 10:00AM, a request was made to receive a copy of the facilities 2018 Approved CEMP. At this time the Administrator was provided an opportunity to locate the documentation. The Administrator provided a 2017 approved CEMP dated through The recommended CEMP submittal dated for 2018 was documented as two months before the expiration date. At this time the Administrator stated they do not have an approved CEMP on file and they have not submitted the 2018 emergency plan for review. On at approximately 12:30PM, the Administrator acknowledged the findings and provided no additional documentation for review. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review and interview, the facility failed to submit an extension request for the Emergency Environmental Control Plan (EECP) implementation. The finding include: On 2018, a review of the facilities EECP was reviewed and revealed the facility was approved for a fixed generator. The agency implementation date was , 2018. As of the approved fixed generator has not been installed and the facility approved EECP plan has not been implemented. The approval plan documents a portable generator is currently in place, and a proposal contract was		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969196	(X3) DATE SURVEY COMPLETED 08/31/2018
NAME OF PROVIDER OR SUPPLIER GENA'S ON THE LAKE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 NW 47TH CT FORT LAUDERDALE, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
entered on for a fixed generator. At this time it was confirmed by the Administrator, that a implementation extention had not been requested for the fixed generator. On at 12:35PM, the Administrator acknowledged the findings and provided no additional documentation for review. Class III E206 - ECC - Service Plans - 58A-5.030(6) FAC Based on record review and interview, the facility failed to develop a preliminary service plan for ECC resident. Sample resident 1 of 2 (Resident#2). The findings include: On at approximately 10:34AM, a record review was completed for Resident#2 and revealed, Resident#2 was admitted on Further review revealed no documentation of a preliminary service plan developed by the Administrator or manager that includes an assessment of whether the resident meets the facility residency criteria, prior to Resident#2 being admitted to the facility. At this time the Administrator was provided an opportunity to locate the documentation . On at approximately 12:30PM, the Administrator acknowledged the findings and provided no additional documentation fro review. Class III		