

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942773	(X3) DATE SURVEY COMPLETED 09/07/2018
NAME OF PROVIDER OR SUPPLIER LAKE WIRE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 315 WEST PEACHTREE STREET LAKELAND, FL 33815	

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

0000 - Initial Comments

An unannounced monitoring visit, related to emergency environmental control plan, was conducted at Lake Wire Retirement Center Assisted Living Facility (license 5874), Lakeland, Florida, on Lake Wire Retirement Center Assisted Living Facility had deficient practice at the time of the monitoring visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental control plan including; providing a generator on-site, testing the system, making notification to residents of the emergency plan, providing a written operating policy regarding the operation of the system, providing monoxide detectors, providing sleeping arrangements for residents and providing a fuel source to power the generator.

Findings include:

On, a record review of the facilities emergency environmental control plan shows local emergency management officials approved the plan on based on the usage of two small generators.

On, in a continued record review of the facility's emergency environmental control plan, the plan failed to provide documentation of the following: placement and operation of the generator, fuel source for the generator, plan to provide an air-conditioned area for residents, sleeping arrangements for residents, resident notification, required monoxide detectors and a test of the generators to ensure operation.

On at 5:10 PM, in an interview with the maintenance supervisor, the supervisor stated he does not have an understanding of how to operate the current generators. The supervisor indicated the system has not been tested since he does not have a fuel source to power the generators and a plan has not been developed on the location of the generators or how to operate them during an emergency.

On at 5:30 PM, in an interview with the administrator, the administrator stated the current two generators are her personal generators and will be returned to her home. The administrator stated she used the generators to help get her emergency plan approval. The administrator stated the two generators at the facility at the present time will only power the lights.

On at 5:30 PM, in a continued interview with the administrator, the administrator stated she is

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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in the process to purchase a generator powered by "natural gas". The administrator stated it has not yet been purchased and she has not taken the steps to pull permits to have it connected to the facility. The administrator stated she has not yet provided monoxide detectors, communicated the emergency plan to residents or developed an emergency operating procedure to be used in case of an emergency. Class III		