STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969084	R 09/05/2018
NAME OF PROVIDER OR SUPPLIER **LAKE HENDON ESTATE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 CARSON ST** **SAINT CLOUD, FL 34771**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . Lake Hendon Estate Assisted Living had deficiencies found at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

DEFICIENCY REMAINED UNCORRECTED
Based on record review and interview the facility failed to ensure 1 of 2 sampled residents (#2) contracts contained all the required information.

Findings:
Individual resident record review for resident #4 revealed the contracts did not contain:
a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

The administrator said on . . . . . at 1:30 PM that the information was overlooked.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview the facility failed to notify in writing, unless permission for electronic communication was granted, each resident and the resident's legal representative within five (5) business days that : 1. The emergency power plan was submitted to the local emergency management agency for review and approval and 2. Upon final implementation of the plan by the assisted living facility.

Findings:

During review of the facility's emergency power plan on the administrator stated that she did not notify residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval or upon final implementation of the plan by the assisted living facility. She did not know that was a requirement.

Class III