| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942983** | **09/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**AIDEN SPRINGS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5520 HOWELL BRANCH ROAD**<br>**WINTER PARK, FL 32792** | |

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

**0000 - Initial Comments**

A generator monitoring visit was conducted on . . . . Aiden Springs Assisted Living Facility, License #8419 had a deficiency at the time of the visit.

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on review of the facility health finder.gov and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval and the final implementation of the plan.

Findings:

Review of the facility health finder.gov website revealed the facility reported to the agency that their emergency power plan was approved on and their plan's implementation date was noted as . . . .

On . . . . at 4 PM, the administrator said the facility had not provided a letter to the resident's or the resident's legal representative upon submission of the plan to the local emergency management agency and that the plan had been implemented.

Class