STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965243	**08/30/2018**
NAME OF PROVIDER OR SUPPLIER **FRIENDS AT HOME ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3680 CANAVERAL GROVES BLVD.** **COCOA, FL 32926**	

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

0000 - Initial Comments

A generator monitoring visit was conducted on . Friends at Home Assisted Living, Inc. Assisted Living Facility, License #9640 had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on 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.

Findings:

On at 10:15 AM, the house manager said the facility's emergency power plan was submitted for review and approval. Further interview with the house manager revealed there was no letter sent to the resident's or the resident's legal representative upon submission of the plan to the local emergency management agency that the plan had been submitted for review and approval.

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