| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963814** | **08/28/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BV ASSISTED LIVING INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2127 W. NEW HAVEN AVENUE**<br>**WEST MELBOURNE, FL 32904** | |

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

**0000 - Initial Comments**

On [redacted] a generator monitoring visit was conducted at BV Assisted Living Facility, License #8693. There were deficiencies found at the time of the visit pertaining to the monitoring visit.

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

Based on interview, the facility failed to maintain a copy of its approved emergency power plan that was readily available for review by the agency and did not within five (5) business days, notify in writing, each resident and 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 and did not have [redacted] monoxide alarm.

Findings:

On [redacted] at 9:45 AM, the administrator was asked to provide a copy of the emergency power plan, the administrator said at the time she could not provide a copy of the plan because it was locked in the executive director's office and she was out of town. Further interview with the administrator 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.

On [redacted] at 10:30 AM, the plant manager said there were no [redacted] monoxide alarms installed, he said they had a contract prepared and they should be installed the end of [redacted].

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963814** | **08/28/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BV ASSISTED LIVING INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2127 W. NEW HAVEN AVENUE**<br>**WEST MELBOURNE, FL 32904** | |

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

**0000 - Initial Comments**

On [redacted] a generator monitoring visit was conducted at BV Assisted Living Facility, License #8693. There were deficiencies found at the time of the visit pertaining to the monitoring visit.

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

Based on interview, the facility failed to maintain a copy of its approved emergency power plan that was readily available for review by the agency and did not within five (5) business days, notify in writing, each resident and 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 and did not have [redacted] monoxide alarm.

Findings:

On [redacted] at 9:45 AM, the administrator was asked to provide a copy of the emergency power plan, the administrator said at the time she could not provide a copy of the plan because it was locked in the executive director's office and she was out of town. Further interview with the administrator 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.

On [redacted] at 10:30 AM, the plant manager said there were no [redacted] monoxide alarms installed, he said they had a contract prepared and they should be installed the end of [redacted].

Class III