

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968661	(X3) DATE SURVEY COMPLETED 10/18/2018
NAME OF PROVIDER OR SUPPLIER LIVING WITH FRIENDS ALF II	STREET ADDRESS, CITY, STATE, ZIP CODE 3405 N 12TH ST TAMPA, FL 33605	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On 10/18/2018, a monitoring visit for compliance with the emergency power plan was conducted at Living with Friends II, in conjunction with a complaint survey and a revisit to a biennial survey. The facility had deficiencies at the time of the survey related to the monitoring visit. (license #12542) 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on interview and record review, the facility failed to develop a policy and procedure to ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power. Findings included: A record review of the facility's Emergency Management Plan revealed no documentation of an Emergency Power Plan to ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power. During an interview conducted on 10/18/2018 at 11:38am, Staff A stated "there's no generator here." During an interview conducted on 10/18/2018 at 1:18pm, the administrator confirmed the lack of an Emergency Power Plan and stated "I apparently didn't do the Emergency Power Plan." Class III		