STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942773	R 10/24/2018
NAME OF PROVIDER OR SUPPLIER **LAKE WIRE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WEST PEACHTREE STREET** **LAKELAND, FL 33815**	

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

0000 - Initial Comments

A revisit to a . . . . Monitoring survey was conducted at Lake Wire Retirement Center Assisted Living Facility on . . . . Lake Wire Retirement Center Assisted Living Facility had deficient practice identified at the time of the survey.

License: 5874

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview and record review, the facility failed to acquire and maintain a sufficient alternative power source, such as a generator, to keep on the premises of the facility at all times in the event of the loss of its primary electrical power source.

Findings included:

The interior of the facility was toured on beginning at 10:00 AM and there was no observation of a generator on the premises.

The Administrator was interviewed at 10: 49 AM on . . concerning the facility having a functioning generator onsite. The Administrator stated that they had planned to have the generator installed but installation was not complete at this time.

The Administrator stated, "This is frustrating, no it's not complete yet, it is complicated, I am not sure when it will be completed at this time." The Administrator further confirmed she had not been granted any extension.

Class III