STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968909	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **GENESIS ALF VALRICO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1108 BLACK KNIGHT DR,** **VALRICO, FL 33594**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employement status of employees (Employee Roster) within the Agency for Health Care Administration (AHCA) background screeening clearinghouse within 10 days of hire for 3 (Administrator, Staff A and Staff B) of 3 records reviewed.

Findings included:

A review of the facility's Employee Roster in the Clearinghouse was conducted on at 3:22pm and revealed that no current employees were listed.

A review of employee records showed that the Administrator had a date of hire of , Staff A had a date of hire of and Staff B had a date of hire of .

During and interview conducted on at 3:22pm, the Administrator acknowledged and confirmed the lack of entries into the Employee Roster in the Clearinghouse.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968909	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **GENESIS ALF VALRICO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1108 BLACK KNIGHT DR,** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

On Novemeber 1st, 2018 a Change of Ownership with Limited Mental Health survey was conducted at Genesis ALF (Assisted Living Facility) Valrico. At the time of the survey, the facility had deficiencies.

(License #12747

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on attempted record review and interview, the facility failed to obtain an approval letter from the local emergency management agency for their emergency management plan within 30 days after obtaining a license for a facility whose ownership had changed.

Findings included:

On at 1:43pm, a request was made to the Administrator to review the facility's approval letter from the local emergency management agency for their emergency management plan. The Administrator had an approval letter for the previouse owners, however she was not able to produce an approval letter for the change of ownership with a license effective date of .

During and interview conducted on at 1:43pm, the Adminstrator acknowledged and confirmed the lack of an approval letter from the local emergency management agency for their emergency management plan. The Administrator stated "I don't have an emergency management plan approval letter for the change of ownership."

(Photographic Evidence Obtained)

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968909	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **GENESIS ALF VALRICO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1108 BLACK KNIGHT DR,** **VALRICO, FL 33594**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to ensure they had access to the minimum amounts of fuel of 48 hours for emergency power as required for a facility with a license capacity of 16 beds or less.

Findings included:

During a tour of the facility at 3:30pm with the Administrator, the required amount of fuel to be stored of 48 hours was not onsite at the facility.

During an interview conducted on at 3:30pm, the Administrator acknowledged and confirmed that lack of fuel stored oniste. The Administrator stated "I'don't have any fuel stored here." The Administrator further confirmed she had no arrangements in place or plan for fuel for the facility's generator/emergency power source.

Class III