

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969153	(X3) DATE SURVEY COMPLETED R 10/30/2018
NAME OF PROVIDER OR SUPPLIER SAFE FAITH PARADISE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 541 BRENTFORD CT KISSIMMEE, FL 34758	

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

0000 - Initial Comments

Revisit to an Emergency Power Plan monitoring was conducted on 10/30/18. Safe Faith Paradise license # 12988 had deficiencies at the time of the visit.

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

Based on interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management yearly for review and approval.

Findings:

In an interview on at 9:45 AM with the administrator/owner who stated that she submitted the CEMP to the Osceola County Office of Emergency Management. Additional information was requested. The CEMP was not approved. She provided a letter dated that indicated the Office of Emergency Management had received the facility's CEMP.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interview, the facility had no evidence to confirm that the emergency power plan was approved, did not develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source.

Findings:

During review of the facility's emergency power plan on at 9:45 AM the administrator stated the EPP was not approved. She needed to add the generator and get fuel and then re-submit the plan.

She did not have policies and procedures related to the emergency power plan. She did not know that was a requirement.

There were no policies and procedures that addressed the care of residents occupying the facility

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/03/2018
FORM APPROVED**

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during a declared state of emergency, methods to be used to mitigate the potential for heat related injury; the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; wellness checks by staff to monitor for signs of dehydration and heat injury; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. Class III		