STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A generator monitoring was conducted at Living Well ALF #2 on . . . . . A deficency was identified at the time of the inspection:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the assisted living facility failed to develop written policies and procedures to ensure that the facility could effectively and immediately activate their alternative power source and ensure the safety and wellbeing of the residents upon loss of primary electrical power. The assisted living facility failed to provide written notification within 5 business days to residents and/or representative upon emergency power plan submission for review and upon final implementation of the plan. The facility also failed to store minimum amounts if fuel onsite as required for 48 hours.

Findings included:

On at 1:50 PM, an interview was conducted with the Administrator who stated no fuel was stored on site because the State of Florida is not in an emergency.

A review of the emergency power plan folder revealed the facility did not contain a policy and procedure related to their emergency environment control plan.

On . . . . at 1:52 PM, an interview was conducted with the Administrator related to the policy and procedures and resident notification. The Administrator stated 'I was unaware those requirements were needed'.

Class III