STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967541	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **BENRAC HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **910 BRIARCLIFF DRIVE** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted], a complaint survey (CCR#2018014439) was conducted at Benrac Home Assisted Living Facility (ALF). At the time of the survey, the facility had deficiencies.

(License #11573)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop an approved Emergency Power Plan 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:

An attempted record review of the facility's Emergency Power 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 with the Adminsitrator (by phone) on at 10:01am, the Administrrator acknowledged and confirmed the lack of documentation of an approved Emergency Power Plan. The Administrator stated "I don't have the approved Emergency Power Plan."

Class III