STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	R 12/13/2018
NAME OF PROVIDER OR SUPPLIER **BUENAVENTURA ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

A revisit to the Change of Ownership (CHOW) survey was conducted on . . . . . Buenaventura Assisted Living Facility, license #12066, had deficiencies at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to ensure 3 of 3 sampled residents (#1, #2 & #5) contracts contained all the required information.

Findings:

Contract record review for residents #1, #2 and 35 revealed the contracts did not contain: 1) a refund policy that conformed to the requirements of Chapter 429.24(3), F.S; 2) a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule and 3) a provision stating that at least 30 days written notice will be given before any rate increase.

On . . . . at 12:10 PM, the administrator provided a copy of the document she prepared, but said she had not given it to each resident or responsible party, because she wanted to make sure it was ok first.

Class III

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

Based on interview and record review, the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 of obtaining the license.

Findings:

The facility's license indicated a provisional license effective .

On at 11:45 AM, the administrator said she received an email from the county that their plan was approved, but she had not received a letter.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968137	R **12/13/2018**
NAME OF PROVIDER OR SUPPLIER **BUENAVENTURA ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 OAXACA LANE** **KISSIMMEE, FL 34743**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility did not: 1) have an Emergency Power Plan (EPP) that was submitted to and approved by the local Office of Emergency Management office (OEM), 2) 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. 3) Did not notify each resident and the resident's legal representative, in writing, within five (5) business days that: the emergency power plan was submitted to the local emergency management agency for review.

Findings:

During review of the facility records, the administrator provided her Comprehensive Emergency Management Plan (CEMP) for review. She stated she did not have a separate EPP. Therefore, she did not have an approval letter for it.

She confirmed she did not have policies and procedures related to the emergency power plan.

She did notify the residents and responsible parties when the CEMP was submitted to the county OEM for review, but stated she had not notified them about the EPP, as she had not realized she had to develop an Emergency Power Plan.

Class III