

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/03/2019  
FORM APPROVED

|                                                                        |                                                                                          |                                                           |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969153</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>12/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAFE FAITH PARADISE ALF LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>541 BRENTFORD CT<br/>KISSIMMEE, FL 34758</b> |                                                           |

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

**0000 - Initial Comments**

A revisit to an Emergency Power Plan monitoring was conducted on 12/13/2018. Safe Faith Paradise, license #12988, had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED

Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on an annual basis as required by 58A-5.026(2) FAC.

Findings:

Request to review the facility's CEMP and approval letter revealed there was no approval letter received. The emergency plan was present and reviewed.

On 12/13/2018 at 3:45 PM, the administrator stated she had submitted their plan for approval but did not have a current approval letter from the county.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

DEFICIENCY REMAINED UNCORRECTED

Based on facility record review and interview, the facility failed to have an approved Emergency Power Plan (EPP), and did not, within five (5) business days, notify each resident, and the resident's legal representative, in writing when the plan was submitted to the county Office of Emergency Management (OEM) for review and approval as required by 58A-5.036 FAC.

Findings:

Review of the facility documents did not find an emergency power plan approval letter. No documentation the residents or responsible families were notified in writing of the submission of the

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/03/2019  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969153</b>              | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>12/13/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAFE FAITH PARADISE ALF LLC</b>                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>541 BRENTFORD CT<br/>KISSIMMEE, FL 34758</b> |                                                          |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                          |
| <p>facility plan was available in the facility or resident records.</p> <p>Upon request to review the EPP approval plan and letter from the county OEM, on . . . . at 3:40 PM, the administrator stated the plan had been submitted but she did not have an approval letter on the day of the visit. She also confirmed she had not sent notification letters to the residents/responsible parties of the plan submission to the county.</p> <p>Class III</p> |                                                                                          |                                                          |