STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969367	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **ISAIAH ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3049 WILEY AVENUE** **MIMS, FL 32754**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on . Isaiah Assisted Living (ID # 11969367) had a deficiency at the time of the monitoring visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.

Findings:

During the review of records on , the emergency management plan was reviewed with the Administrator at approximately 1:00 p.m. The plan was incomplete and did not document that the plan had been developed and implemented. Interview with the Administrator, at that time, revealed that two portable gasoline powered generators were on site, in the garage. No spot coolers were on site and the plan had not been tested through a simulated power outage.

Class III