STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **TENDER CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2407 GRIFFIN COURT** **OCOEE, FL 34761**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted on . . . . . Tender Care, Inc. Assisted Living Facility, had a deficiency at the time of the monitoring visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on review of florida health finder, record review and interview, the facility failed to, within five business days, notify in writing each resident and the resident's legal representative upon submission of its emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval.

Findings:

On at 11:00 a.m. the administrator said the facility did not notify the resident's and legal representatives in writing when the facility submitted its plan for review and approval.

On . . . . . at 11:00 a.m. during an interview and tour of the facility, the agency did not observe the proper cooling equipment to maintain safe temperatures during an emergency. Interview with the administrator revealed they had floor fans for cooling and were unaware they would not provide the proper cooling.

Class III