STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969324	**12/20/2018**
NAME OF PROVIDER OR SUPPLIER **DIVINE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 E CITRUS ST** **ALTAMONTE SPRINGS, FL 32701**	

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 . Devine Assisted Living Facility had a deficiency at the time of the 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 , , at 9:45 a.m. the emergency power plan was reviewed. There was no record of training or a test drill of the facilities emergency power plan and the use of a portable generator

Class III