STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966340	**02/04/2019**
NAME OF PROVIDER OR SUPPLIER **LEXINGTON MANOR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **20480 VETERANS BLVD** **PORT CHARLOTTE, FL 33954**	

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

0000 - Initial Comments

An unannounced relicensure, limited nursing services and emergency power plan monitoring survey was conducted on at Lexington Manor Assisted Living, an assisted living facility (license #10548) in Port Charlotte, Florida.

The following is description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, and interview, the facility failed to notify each resident or legal representative in writing within 5 days of implementation of the Emergency Power Plan.

The findings included:

During the generator assessment review it was noted that the facility had not notified each resident/resident representative in writing of implementation of the plan.

On the Regional Maintenance Director said he we was unaware of requirement.

On at 2:14 p.m., the Administrator said she had discussed this in resident council meetings but hadn't realized it had to be done in writing.

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