

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968137	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER BUENAVENTURA ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 140 OAXACA LANE KISSIMMEE, FL 34743	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Second revisit to the Change of Ownership (CHOW) survey was conducted on Buenaventura Assisted Living Facility license# 12066 had deficiencies found at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC DEFICIENCY REMAINED UNCORRECTED Based on interview and record review the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 of obtaining the license and did not have an approved plan. Findings: The facility's license indicated a provisional license effective In an interview with the administrator on at 3:30 PM who said the CEMP was submitted for review but has not been approved. She provided an e mail from the Osceola County emergency management agency dated which indicated the facility's plan was added to their queue for review. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC DEFICIENCY REMAINED UNCORRECTED Based on interview and record review the facility failed to submit the Emergency Power Plan (EPP) to the local emergency management AGENCY within 30 of obtaining the license and did not have an approved plan. Findings: The facility's license indicated a provisional license effective		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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In an interview with the administrator on at 3:30 PM who said the EPP was submitted for review but has not been approved. Revisions were requested She provided an e mail from the Osceola County emergency management dated which indicated that the facility's plan was added to their queue for review. Class III		