STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	R 01/29/2019
NAME OF PROVIDER OR SUPPLIER **BROOKDALE OCOEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 NORTH CLARK RD** **OCOEE, FL 34761**	

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

0000 - Initial Comments

A revisit to complaint #2018011762 was conducted on . Brookdale Ocoee (LIC#9731) had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observations and interview, the facility failed to acquire an alternate powered source prior to implementing its emergency environmental plan, failed to notify in writing, within 5 business days, each resident and the residents legal representative when its plan was implemented.

Findings:
Review of the facility's approval letter from the county's office of emergency management revealed its plan was approved on . The approved plan indicated the facility's alternate power source was a Kohler 150 Kilowatt (kW) fixed generator that powered the entire facility, including air-conditioning for the entire facility and a net square footage of 42,194.

On at 3:30 pm, the administrator provided the facility's consumer friendly summary of its plan and an email that was submitted to the Agency for Health Care Administration (AHCA) on . The summary indicated the facility's alternate power source was a Generac 400 kW fixed generator that powered the entire facility, including the air-conditioner, and the plan was fully implemented on . The administrator admitted the current generator was a 150 kW and was not able to power the chillers that would cool the air conditioner in the event of a power outage. She stated she did not have a confirmed date for the installation of the new generator.

On at 4 pm, observations made revealed the available power source was a fixed Kohler 150 kW generator. The administrator stated the current generator was going to be replaced with a new generator.

On at 4:15 pm, the administrator provided a letter, dated , in which the residents and responsible parties were notified when the facility submitted its plan for review and approval. However, she stated written notification was not provided when the facility implemented its plan on . The administrator confirmed she implemented its plan without having the generator that was listed on the summary to AHCA.
Class III