STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **GARDENS AT TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On [redacted], an unannounced biennial re-licensure survey in conjunction with Emergency Power Plan monitoring survey was conducted at The Gardens at Tavares Assisted Living Facility (License #5368). Deficient practice was identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to give written notification of Emergency Plan to the residents/ resident representatives.

Findings:

A record review was conducted, which revealed no evidence of notification of the residents or the resident representatives of the emergency power plan.

On [redacted] at 4:55 PM, an interview was conducted with the Administrator, who confirmed that no written notification of the emergency power plan had been communicated to the residents or the resident representatives.

On [redacted] at 5:28 PM, an interview was conducted with Resident #3, who stated she had no knowledge of the facility's emergency power plan and could not recall any meeting held to discuss it.

On [redacted] at 5:34 PM, an interview was conducted with Resident #2, who stated he did not remember any discussion about the emergency power plan or receiving any correspondence from the facility concerning it.

Class III