STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965761	R **02/06/2019**
NAME OF PROVIDER OR SUPPLIER **ASHTON PALMS**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 WEST ESTHER STREET** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

A revisit to a Complaint Investigation #2018012902 was conducted on . . . . . Ashton Palms Assisted Living Facility with Limited Mental Health (LMH), License #10096 had deficiencies that remained uncorrected at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility failed to maintain a copy of its approved Emergency Power Plan (EPP) readily available for review by the Agency; and the facility failed to notify in writing each resident and the resident's legal representative within five (5) business days for submission of the plan to the local emergency management agency and that the plan had been submitted for review and approval as required.

Findings:

On . . . . . at 10:15 AM, the Administrator was asked to provide a copy of the Emergency Power Plan (EPP) & EPP approval letter. The Administrator answered that she did not get it done yet. She further stated that she has a lot of issues going on right now and just have not had a chance to get letters out to the residents or legal representatives. Administrator stated that she is going to hire a consultant to assist her with the EPP.

On . . . . . at 10:30 AM, an interview with the Administrator confirmed the finding.

Class III