| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969367** | R<br>**02/20/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**ISAIAH ASSISTED LIVING LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3049 WILEY AVENUE**<br>**MIMS, FL 32754** | |

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

**0000 - Initial Comments**

An unannounced generator assessment revisit was conducted at Isaiah assisted living on . . . . . This was a revisit of the assessment done on .

Deficiencies were found at the time of the visit.

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on observation and interview, the facility failed to implement a plan for the provision of an alternative source of electricity in the event of a power outage.

Findings:

At approximately 10:30 am on . . . . . compliance with the provision power was observed. The facility had two generators in storage and one portable air conditioner. No fuel or fuel storage containers, or extension were on site. Interview with staff revealed that the plan had not been implemented and that no training had been provided. A telephone call at 10:45 with the owner revealed that they were waiting for approval of their plan by Brevard County before it could be tested.

Class III