STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	R **02/22/2019**
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted] a second Revisit to a 10/18/18 Monitoring was conducted at Living with Friends Assisted Living Facility II. At the time of the survey the facility had deficiencies.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility failed to develop policies and procedures to ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power.

Findings included:

A record review of the facility's Emergency Management Plan revealed no documentation of an approved Emergency Power Plan or related policies and proceduresto ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power.

During an interview conducted on [redacted] at 8:31am, the administrator acknowledged and confirmed the lack of an approved Emergency Power Plan. The Administrator stated "I don't have it"

Class III