STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967541	R 03/11/2019
NAME OF PROVIDER OR SUPPLIER **BENRAC HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **910 BRIARCLIFF DRIVE** **VALRICO, FL 33594**	

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

0000 - Initial Comments

Assisted Living Facility

A follow-up visit to a complaint survey was conducted at Benrac Home Assisted Living Facility (ALF) (Lic. #11573) on . . . . . Benrac Home ALF had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to have an emergency power plan (EPP) approved by the local emergency management agency.

Findings included:

Although the facility furnished the Agency a copy of their EPP at approximately 10:20am on . . . , there was no documented evidence verifying that this document had been formally reviewed and approved by the local emergency management agency. Interview with the assistant administrator at 10:25am on confirmed that the facility had not yet received a formal approval from the county emergency management agency, and that they had filed their EPP with this entity around . . . . . The assistant administrator further stated that "the local office of emergency management was apparently behind due to internal staffing issues."

Class III
(Please Note: This is an uncorrected deficiency from the survey of).