STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968177	**04/12/2019**
NAME OF PROVIDER OR SUPPLIER **YOUR HOUSE ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **5816 N GRADY AVE TAMPA, FL 33614**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Your House ALF 2 (Lic. #12104). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the health assessment for one of two residents sampled (#6) was problematic with respect to at least three (3) of this individual's activities of daily living.

Findings included:

A resident record review during the inspection indicated that Resident #6 (admitted) had a recent health examination . Review of this report revealed that the resident's functional capacity regarding bathing, , and toileting was "total care." Interview with the administrator and consultant at 11am on provided no clarification for this oversight.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility had not had its emergency management plan reviewed and approved by the local emergency management agency on an annual basis.

Findings included:

At approximately 12:45pm on , the latest approval letter regarding the facility's emergency plan was requested. However, the facility furnished a letter from the local county fire rescue office that only verified approval of the facility's fire evacuation plan and procedures. Interview with the facility consultant at 12:50pm on indicated that "he had been told that this document met the review/approval requirement of the county emergency management plan (CEMP)."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968177	**04/12/2019**
NAME OF PROVIDER OR SUPPLIER **YOUR HOUSE ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **5816 N GRADY AVE** **TAMPA, FL 33614**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility had not fully complied with all required regulatory elements pertaining to the presence and maintenance of an emergency environmental control plan and alternate fuel source.

Findings included:

Interview with the facility consultant at 1:40pm on revealed the following: a) No date could be found as to when the facility had officially implemented its Emergency Environmental Control Power Plan. Further interview found that although no extension had been requested, it was still unclear when this implementation had taken place; b) Although the consultant stated that the facility had been visited by the fire department for a walk-through inspection, no copies of this state Fire Marshal's inspection ensuring compliance with this rule could be located; c) there were no monoxide detectors onsite; and d) the facility had not yet notified the residents/their families about implementing the facility's emergency power plan. Number c and d were further verified by no monoxide alarms being observed throughout the inspection and neither resident record reviewed having a copy of a notification of a power plan implementation. Further interview with the facility consultant provided no explanation why the facility had not taken care of these tasks earlier.

Class III