| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969202** | **04/08/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**1 A A A ASSISTED LIVING @ WELLINGTON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1337 PINETTA CIR**<br>**WELLINGTON, FL 33414** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on . . . . . at 1 AAA Assisted Living at Wellington (Lic#1325). The facility had deficiencies at the time of the survey.

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

Based on observation and interview, the facility failed to ensure the required amount of fuel for the facility emergency power source was stored at the facility. The facility also failed to notify residents / guardians of the facilities implementation of the Emergency Enivromental Control Plan (EECP) for 3 of 3 sampled residents (Resident#1,2, and 3).

The Findings Included:

On . . . . . at a proximately 10:30AM, the facility EECP was reviewed and verified with the Administrator. The facility EECP plan documents the facility is required to have enough fuel on site to run the generator for 48 hours. The facility was also required to provide written notification to the residents / guardians of the facility's implementation of the EECP. As a part of the review the facility emergency power source (portable generator) was observed in the facility garage, along with the fuel storage container. At this time the Administrator was asked how much fuel is stored in the container and he stated, none. The Administrator also stated the facility did not notify the residents / guardians of the facility's implementation of the EECP. At this time the facility does not have the required fuel on site to operate the emergency powered source in the event of a loss of power.

During an interview with the Administrator on . . . . . at approximately 2:20PM, he acknowledged the findings.

Class III

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)**

Based on record review an interview, the facility failed to ensure that all staff completed a Affidavid of compliance with the background screening requirements, for 3 of 3 sampled staff (Staff A, B, and C).

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

The Findings Included:

On at approximately 12:30PM, employee record reviews were conducted for Staff A whose hire date was , Staff B whose hire date was , and Staff C whose hire date was . Review of staff Level II background screenings revealed, Staff A completed the Level II background screening on , Staff B completed the Levell II background screening on , and Staff C completed the Level II background screening on . Further review of the employee files revealed, none of the staff had signed and dated a Affidavit of Compliance with background screening requirements. At this time, the Administrator was provided an opportunity to locate the documentation.

During a interview with the Administrator on at approximately, he Acknowledged the findings and provide no additional documentation for review.

Unclassified