STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	**04/26/2019**
NAME OF PROVIDER OR SUPPLIER **GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1707 WEST OAK STREET** **KISSIMMEE, FL 34741**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted at Gentle Shepard ALF (license #11674) on , , . Deficient practices were found at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record observation, record review and interview, the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.

Findings:

During the review of records on , , , at 9:45 a.m. the emergency management plan was requested. No written plan could be produced. The owner was contacted and stated that the plan had not been approved by the County. A fuel tank and spot coolers were on site as well as a generator. Interview with the owner at 10:00 a.m. revealed that the project to install emergency power was not complete but was in progress.

Class III