

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969153	(X3) DATE SURVEY COMPLETED R 02/18/2019
NAME OF PROVIDER OR SUPPLIER SAFE FAITH PARADISE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 541 BRENTFORD CT KISSIMMEE, FL 34758	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit was conducted to a Generator monitoring. Safe Faith Paradise had deficiencies at the time of the visit. 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on facility record review and interview, the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) for the facility was approved by the county Office of Emergency Management on an annual basis as required by 58A-5.026(2) FAC. Findings: Request to review the facility's CEMP and approval letter revealed there was no approval letter received. The emergency plan was present and reviewed. On at 10:45 PM, the administrator stated she had submitted their plan for approval but did not have a current approval letter from the county. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC DEFICIENCY REMAINED UNCORRECTED Based on interview the facility had no evidence to confirm that the emergency power plan was approved. Findings: During review of the facility's emergency power plan on at 10:45 AM the administrator who stated the EPP was not approved yet. She submitted the additional information requested to the Osceola County Office of Emergency Management on She was still awaiting the approval of the plan. Class III		

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