STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965265	**05/15/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING OF BELLEAIR	**620 BELLEAIR ROAD** **CLEARWATER, FL 33756**

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

0000 - Initial Comments

A monitoring visit for compliance with emergency power plan was conducted at Pacifica Senior Living of Belleair Assisted Living Facility on . The provider had deficiencies at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, interview the facility failed to have documentation of completing all necessary requirements pertaining to the emergency management plan, including an approved emergency plan, written notice to residents and monoxide detectors.

Findings Included:

Record review conducted on revealed submission letter of the facility's Emergency Power Plan for .

An interview was conducted on at 11:20am with the Administrator. The Administrator stated the facility had not had an approved Emergency Power Plan as they just submitted the documents on .

Record review conducted on revealed the facility did not have documentation pertaining to the required written notice given to residents and their representatives.

Observations conducted on between 11:05am and 12:45pm, no monoxide was detected.

An interview was conducted on at 12:31pm with the Administrator. The Administrator stated they did not have any monoxide detectors. The Administrator also stated they had not sent out written notice to the residents and/or their representative regarding the of their emergency power plan.

Class III