STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966400	R 05/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	**5882 NW 73RD COURT PARKLAND, FL 33067**

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted on . . . . . at Phoenix Senior Living II, Inc. The facility had uncorrected deficiencies identified at the time of the survey.

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

Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

The findings included:

a)During the initial re-licensure survey conducted on , the Administrator was not present. On . . . . , this writer received an email from the Administrator and stated, "She couldn't find the last approval for the emergency plan."

During the revisit survey conducted on the Administrator was not present, and Staff A and B, were not able to locate the last CEMP approval letter. During an interview with the Administrator by phone, on at 12:35 PM, she was unable to provide a response and no further documentation offered. Lack of any evidence of the facility's last CEMP approval letter and expiration date.

The facility failed to submit a new plan to the local Emergency Management officials for review and approval annually. The facility is required to submit the new plan 60 days prior to the expiration date.

b) During the desk revisit conducted on the citation for 181 was uncorrected.
The facility was still unable to provide proof of a currently approved CEMP.

Class III
Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source. In addition, any fuel required for the operation of the alternate power source.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966400	R **05/20/2019**
NAME OF PROVIDER OR SUPPLIER **PHOENIX SENIOR LIVING II, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5882 NW 73RD COURT** **PARKLAND, FL 33067**	

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

The findings included:

a) the initial re-licensure survey conducted on , the Administrator was not present, and the Administrator's son did not know much about it. The facility failed to submit a plan of correction for this citation. During the re-visit survey on the Administrator was not present, and Staff A and B, were not able to locate the approval letter for the generator or an extension letter.

During an interview with the Administrator by phone, on at 12:35PM, she was unable to provide a response of the facility's written policy and procedure on how to maintain, test and operate the alternative power source with documentation. Including any additional fuel that is necessary to operate the generator; monitor air temperature not to exceed 81 degrees and document; and monitor resident's vital signs, temperature, and hydration with documentation. The staff required receive training on the facility's plan. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan and no further documentation offered.

b) During a desk revisit conducted on the citation for 200 was uncorrected.

Class III
Uncorrected