STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	**06/25/2019**
NAME OF PROVIDER OR SUPPLIER **LILAC HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1770 S LILAC CIRCLE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A re-licensure survey was conducted at the Lilac House Assisted Living Facility on . The provider had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review and interview, the facility failed to maintain written documentation for significant changes and that the healthcare provider and legal representative was notified for 1 of 2 sampled residents (#2) as required.

Findings:

Resident #2's record revealed an admission date of . The AHCA Form 1823 Health Assessment dated documents that resident #2 needs supervision for Activities of Daily Living (ADLs) , grooming, eating & toileting and needs assistance with bathing.

On at 11:45 AM, the staff B stated that in the past few days, resident #2 has declined and accidently on herself and some drip on the floors. Staff B further stated that she thought that it was a water leak until she discovered it was resident #2 having accidents. Staff B confirmed the findings and that she did not have written documentation of this observation and that resident #2's son and doctor was notified of the change.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have 3-days of emergency drinking water on , enough for drinking and food preparation stored for 7 residents as required.

Findings:

Observation on at 11:30 AM, no 3-day emergency water stored on site to meet the census of 7 residents as required. : current census 7 residents x 1-gallon water= 7 x 3 days= 21 gallons required on site.

Staff B showed me the hot water heater tank and stated that was the emergency water stored. The

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SUMMARY STATEMENT OF DEFICIENCIES
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Comprehensive Emergency Management Plan (CEMP) does state that the hot water tank was the source of the 3-day supply of emergency water stored on .

On . . . . . at 11:35 AM, staff B confirmed the finding.

On . . . . . at 1:10 PM, the Administrator telephoned the local Agency for Health Care Administration (AHCA) Area 7 office disagreeing about the hot water heater tank at the facility not being the source of the 3-day emergency water supply for the facility.

Class III