STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	**07/25/2018**
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring visit was conducted on [redacted] at Family Traditions III, an assisted living facility (license #8038) in Venice, Florida.

The following is description of the deficiencies.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, and record review, the facility failed to develop written policies and procedures to ensure the facility could effectively and immediately activate their alternative power source and ensure the safety and wellbeing of the residents upon loss of primary electrical power. The facility also failed to provide written notification within five business days to residents and/or representative upon emergency power plan submission for review and upon final implementation of the plan.

The findings included:

A record review of the facility's emergency plan folder did not contain a policy and procedure related to their emergency environment control plan.

On [redacted] at 2:45 p.m., an interview was conducted with the administrator related to the policy and procedures and resident notification. The administrator stated, "I didn't know you needed that, as I thought the approved Emergency Plan covered it."

Class III