STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968661	R **12/13/2018**
NAME OF PROVIDER OR SUPPLIER **LIVING WITH FRIENDS ALF II**	STREET ADDRESS, CITY, STATE, ZIP CODE **3405 N 12TH ST** **TAMPA, FL 33605**	

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

0000 - Initial Comments

Assisted Living Facility

On [redacted] a revisit to [redacted] monitoring for generator plan survey was conducted at Living with Friends II. The facility had deficiencies at the time of the survey.

(license #12542)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility failed to develop a policy and procedure to ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power.

Findings included:

A record review of the facility's Emergency Management Plan revealed no documentation of an Emergency Power Plan to ensure that the residents do not experience care and service complications in the event of the loss of primary electrical power.

During an interview conducted on at 11:30pm, the administrator confirmed the lack of an Emergency Power Plan and stated "I still don't have my Emergency Power Plan."

Class III