STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965054	**01/07/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE NORTHDALE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3401 WEST BEARSS AVENUE** **TAMPA, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

On , , , a biennial re-licensure survey with limited nursing services (LNS) was conducted at Brookdale Northdale in conjunction with a complaint investigation (CCR 2018016849). Deficient practice was identified during the survey.

(License #9500)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based in interview and record review, the facility failed to implement its emergency environmental control plan (EECP) by not obtaining an alternate power source, not acquiring services or a process to maintain and test the alternate power source (Test and Maintenance Process), or developing written policies and procedures to ensure that the facility can effectively and immediately operate and maintain the alternate power source and fuel required for its operation (Operation Policies and Procedures).

Findings included:

A review of records indicated that the facility had received an extension to implement their EECP until .

The Administrator was interviewed at 10:30 AM on concerning the facility's EECP. The Administrator stated that they had not implemented their EECP as they had not yet obtained an alternate power source. The Administrator also stated that they had no Test and Maintenance Process or Operation Policies and Procedures.

Class III