STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969211	**03/28/2019**
NAME OF PROVIDER OR SUPPLIER **SAND VILLA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1178 BELLA VISTA CIR** **LONGWOOD, FL 32779**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Sand Villa Assisted Living Facility, LIC#13022 had deficiencies at the time of the visit.

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

Based on observation and interview, the facility failed to have menus dated on all regular and therapeutic menus posted for the week.

Findings:

During an observation on at 12:00pm of the weekly menu posted in the kitchen area, the menu had a yearly date of 2018- 2019 posted on the bottom of the menu, which was signed by the registered dietician. It did not have the present week's date to demonstrate which week, month or year the menu was for.

In an interview on at 1:00pm, the administrator confirmed the finding.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on Florida health finder.gov, review of the facility's written environmental control plan policies and procedures and interview, the facility did not within five (5) business days notify in writing, each resident and the legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for approval and that the plan was implemented, did not develop written policies that included all of the requirements.

Findings:

Review of the facility policies and procedures for the alternative power source revealed the following information was not included:

A description of the methods to be used to mitigate the potential for heat related injury including :
1. The use of cooling devices and equipment;

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2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;
3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury ; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Review of Florida Health finder.gov revealed the facility reported their environmental control plan was implemented on and the plan was submitted to the local emergency management agency on .

Review of the facility's records revealed there was no evidence to confirm that the facility had within five (5) business days, notified in writing, each resident and the resident's legal representation upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval and implemented as required.

On at 1pm, the administrator stated he was not aware that he was to notify the residents or their representatives in writing regarding the submission and implementation of the plan. He stated he verbally informed the residents.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to ensure that 2 of 2 staff (A and B) completed the affidavit of compliance with background screening requirement form.

Findings:

In record reviews on of Staff A and B, revealed there was no documentation to confirm they completed an affidavit or documentation attesting, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to Chapter 435.

In an interview on at 10:00 am, the administrator confirmed the findings.

Unclassified