STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967740	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL COMMUNITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2222 JOHN MOORE ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

A monitoring visit for compliance with emergency power plan was conducted at Living Well Community LLC on in conjunction with a complaint investigation (complaint #2019003351). Deficiencies were identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and attempted record review, the facility did not obtain approval for its emergency environmental control plan (EECP), and had not developed written policies and procedures to ensure that the facility could effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source in the event of an emergency (Written Policies and Procedures).

Findings included:

An interview was conducted with the Administrator at 12:55 PM on concerning the facility's EECP. The Administrator stated that the facility's EECP was not yet approved and that they had not developed Written Policies and Procedures.

Class III