

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/20/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH COURT OF ORANGE CITY

**202 STRAWBERRY OAKS DRIVE
ORANGE CITY, FL 32763**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure and complaint investigation (complaint number 2021016112 and 2021014317) was conducted at Savannah Court of Orange City from _____ to _____. Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256() ; 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her _____. (d) Applying _____ medications.	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 052	Continued From page 1 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____. (4) Assistance with self-administration of medication does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a _____ of the body. (d) Administration of _____ preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with _____, or _____ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the	A 052		

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A 052	Continued From page 2 reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with	A 052		

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A 052	Continued From page 3 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's _____ control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure physician ordered medication received at the facility was provided timely to 1 of 6 residents (Resident #8). The findings include:	A 052		

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A 052	Continued From page 4 During an observation of Employee F, Med Tech, assisting with self-administration of medication on at 9:20 AM, a Hospice nurse approached the medication cart waiting to speak with the her. She asked Employee F if Resident #8 received a medication () that was previously ordered. Employee F informed the Hospice nurse they were waiting for the medication, and would have it added to the medication observation record (MOR) when it was received so it could be given. Record review for Resident #8 revealed a physician order for the 90 milligrams (MG) 1 tab twice a day, dated . Photographic evidence obtained. The Administrator was asked for the facility's written policy and procedures for updating the MOR and obtaining medications, but she stated at 10:30 AM on that there weren't any. On at 11:00 AM she stated only nurses could update the MOR. Med Techs were not allowed to give a medication until it was on the MOR. On at 12:25 PM, the same Hospice nurse approached the medication cart with a placed a plastic bag of medications and stated the medication was signed as received by the facility on at 9:45 AM. The Hospice nurse stated she was informed the person who signed for the medication locked it in an office. A review of the delivery slip found it was printed on and had Resident #8's name and the was one of the medications delivered to the resident. Photographic evidence obtained. During an interview with Employee F at 12:40 PM	A 052		

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A 052	Continued From page 5 on, she stated if a medication is not on the MOR, she couldn't give it. She stated she was not able to add this medication to the MOR and would notify the Administrator that it needed to be added. During an interview with the Administrator on at 2:30 PM, she stated nurses were to update the MOR when orders were recieved. A review of the MOR for Resident #8 found the was not started until 8:00 AM on Photographic evidence obtained. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An	A 078		

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A 078	Continued From page 6 individual with a positive _____ test must submit a health care provider's statement that the individual does not constitute a risk of _____. 2. If any staff member has, or is suspected of having, a communicable _____, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable _____. (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _____, to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff.	A 078		

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A 078	Continued From page 7 (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 2 of 4 employees, Employee A and B, submitted a written statement from a health care provider documenting the employee did not have any signs or symptoms of communicable within 30 days after beginning employment. The facility also failed to obtain evidence of an annual negative examination for 1 of 4 employees, Employee B. The findings include: Record review of the employee file for Employee A, hired , and Employee B, hired , found no evidence of a physician's statement indicating freedom from communicable . Further record review of Employee B's file found no evidence of a negative examination on an annual basis. During an interview with the Administrator on at 4:55 PM, she was notified the documentation was missing from the employee files. She stated that it appeared the communicable statements were not obtained since they were missing from all of the employee files. During further interview with the Administrator on at 8:30 AM, she was asked if she located any missing employee record information. She stated anything else the facility had to provide was placed in the employee files.	A 078		

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A 078	Continued From page 8 Further record review found the communicable statements and negative information was still missing. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted	A 081		

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A 081	Continued From page 9 living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents.	A 081		

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A 081	Continued From page 10 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 2 of 4 sampled employees, Employee A and B, received at least one hour of training in reporting neglect and _____ or one hour of training in safe food handling within 30 days of employment. 1 of 4 employees, Employee A, failed to complete three hours of required training in resident behaviors and activities of daily living. The findings include: Record review of the employee file for Employee A, hired _____, found no evidence of the one-hour training in safe food handling, or any training in reporting _____, neglect and _____. There was not evidence of completing three hours of required training in resident behaviors and activities of daily living. Record review of the employee file for Employee B, hired _____, found no evidence of the one-hour training in safe food handling, resident rights, or reporting _____, neglect, and _____. During an interview with the Administrator on _____ at 4:55 PM, she was notified of the documentation that was missing from each employee file. She stated she would try to obtain evidence of the training that was missing. During further interview with the Administrator on _____ at 8:30 AM, she was asked if she located any missing employee record information. She stated anything else the facility had to	A 081		

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A 081	Continued From page 12 provide was placed in the employee files. Futher record review found evidence of the training was still missing from the employee files. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) ... (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and ... , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure that 2 of 4 sampled employees, Employee A and B, received training in ... (/) within 30 days of employment. The findings include: Record review for Employee A, hired and Employee B, hired ... , found no evidence the employees received training in / ... During an interview with the Administrator on	A 082		

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A 082	Continued From page 13 at 4:55 PM, she was notified the evidence of / training was missing from Employee A and B's employee file. The Administrator stated she would look for evidence of the training. During further interview with the Administrator on at 8:30 AM, she was asked if she located the evidence of the training. She stated anything else the facility had to provide was placed in the employee files. Record review of the employee files found the no evidence of the / training for either employee. Class III	A 082		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency	A 083		

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A 083	Continued From page 14 medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure a staff member who held a current card documenting completion of courses in () certificate and First Aid training was always working in the facility to ensure the safety of the 36 residents. The findings include: Record review of the employee file for Employee A, unlicensed Med Tech hired 11/11/2022, found no evidence of First Aid training. Record review of the employee file for Employee B, unlicensed Resident Care Aid hired , found no evidence of training in First Aid or . Record review of the Employee file for Employee C, unlicensed Med Tech hired , found no evidence of training in First Aid or . A review of the employee schedule revealed Employee A worked the 7:00 AM to 3:00 PM and 7:00 AM-7:00 PM shift at the facility. Employee B worked the 3:00 PM to 11:00 PM shift, and Employee C worked the 11:00 PM to 7:00 AM shift. Photographic evidence obtained. During an interview with the Administrator on at 4:55 PM, she notified the and First Aid training was missing from the employee files. She was asked to provide evidence there was always someone working in the facility with current training in and First Aid. During an interview with the Administrator on	A 083		

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A 083	Continued From page 15 at 8:30 AM and again at 3:30 PM, she was not able to provide evidence the facility had someone with First Aid and training scheduled on all shifts. Class III	A 083		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately	A 084		

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A 084	Continued From page 16 demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing;	A 084		

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A 084	Continued From page 17 k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two	A 084		

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A 084	Continued From page 18 hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure 1 of 4 employees, Employee A, had received the required training in assistance with self-administration of medication . The findings include: Employee A was observed assisting with self-administration of medication on at 8:20 AM. Record review of the employee file for Employee A, hired as a Med Tech on , found no evidence of the initial 6-hour training in self-administration of medication. During an interview with the Administrator on at 4:55 PM, she was notified the medication training was missing from Employee A's employee file. During further interview with the Administrator on at 8:30 AM, she was asked if she located any of the training that was missing from employee files. She stated anything else the facility had to provide was placed in the employee files. Further record review of the Employee file for Employee A found training in self-administration of medication training was still missing. Class III	A 084		

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A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 2 of 4 sampled employees received at least one hour of training in the facility's policies and procedures regarding () within 30 days after employment. (Employee A and B) The findings include: Record review of the employee file for Employee A, hired and for Employee B, hired found no evidence the employees received training in the facility's policies and procedures regarding 's. During an interview with the Administrator on at 4:55 PM, she was notified evidence of the one-hour training in 's was missing from Employee A and B's employee file. She	A 090		

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A 090	Continued From page 20 stated she would try to obtain documentation of the training. During further interview with the Administrator on _____ at 8:30 AM, she was asked if she located any missing employee record information. She stated anything else the facility had to provide was placed in the employee files. Further record review of both employee files, found the _____ training documentation was still missing. Class III	A 090		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable _____. In addition, records must contain the following, as applicable:	A 161		

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A 161	Continued From page 21 - Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., - Copies of all licenses or certifications for all staff providing services that require licensing or certification, - Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., - For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., - Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure employee records for 1 of 4 employees. Employee A, contained documentation of training received in assistance with self-administration of medication. The findings include:	A 161		

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A 161	Continued From page 22 Employee A was observed assisting with self-administration of medication on _____ at 8:20 AM. At 9:00 AM on _____, she was interviewed and confirmed she recieved training in how to assist with medications. Record review of the employee file for Employee A, hired as a Med Tech on _____, found no evidence of the initial 6-hour training in self-administration of medication. During an interview with the Administrator on _____ at 4:55 PM, she was notified the medication training was missing from Employee A's employee file. During further interview with the Administrator on _____ at 8:30 AM, she was asked if she located any of the training that was missing form employee files. She stated anything else the facility had to provide was placed in the employee files. Further record review of the Employee file for Employee A found training in self-administration of medication training was still missing. Class III	A 161			
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth,	A 162			

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A 162	Continued From page 23 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of	A 162		

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A 162	Continued From page 24 the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____ (_____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive	A 162			

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A 162	Continued From page 25 meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to obtain physician orders for medications provided to 2 of 5 residents. Resident #3 and #5, observed receiving assistance with self-administration of medication. The facility also failed to maintain	A 162			

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A 162	Continued From page 26 resident records for 2 of 2 discharged residents, Resident #10 and #11. The findings include: 1. During a self-administration of medication observation on _____ at 8:45 AM, Employee A was observed assisting Resident #3 in taking a 5-milligram (MG) tablet of _____, 10 MG tablet of _____, and a 2 MG tablet of _____. During a self-administration of medication observation on _____ at 9:46 AM, Employee F, was observed assisting Resident #5 in taking 800 MGs of _____, _____ Plus 8. _____ MG, Myrbetic 50 MG and Vit D3 100 international units (I.U). A review of the medical records for Resident #3 and #5 revealed the physician orders for the medications were missing from the resident records. The Administrator was given the names of the medications on _____ and notified the orders were not in the resident records. She stated she was working on getting the prescriptions from the pharmacy. She was reminded on _____ at 8:30 AM that the physician orders were still needed and again at 2:30 PM. On _____ at 3:30 PM, the Administrator confirmed the orders had not been received. 2. Record review for Resident #10 found he was admitted to the facility on _____ and discharged to a nursing home on _____. A review of the record provided for Resident #10	A 162		

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STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH COURT OF ORANGE CITY

**202 STRAWBERRY OAKS DRIVE
ORANGE CITY, FL 32763**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 27 found no information past his admission. There was not any information related to his stay in the facility or his discharge. Record review for Resident #11 found she was admitted to the facility on _____ and discharged home with family due to needing a higher level of care on _____. A review of the resident's record found no information on her discharge or medication observation records past _____. On _____ at 10:20 AM the Administrative Assistant was asked for any additional records for Resident #10 and #11. On _____ at 10:40 AM, the Administrative Assistant stated that she could not locate any additional records for either resident. During an interview with the Administrator on _____ at around 11:00 AM, she was notified that more information was needed for Resident #10 since the facility only had his business record. Information was also needed on Resident #11 because her medication observation records past _____ were not in her resident record. She stated she did not have anything else to provide as she had not worked at the time the residents were discharged. On _____ at 12:00 PM, the Administrator was asked for the facility policy and procedure for record keeping. She stated she did not a policy or procedure to provide. Class III	A 162		
A 200 SS=F	59A-36.025 FAC Emergency Environmental Control	A 200		

Agency for Health Care Administration

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A 200	Continued From page 28 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not	A 200		

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A 200	Continued From page 29 prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F. S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any	A 200		

Agency for Health Care Administration

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A 200	Continued From page 30 necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted	A 200		

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A 200	Continued From page 31 living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an	A 200			

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A 200	Continued From page 32 electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. (b) The Agency shall allow an extension up to _____ to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment,	A 200			

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A 200	Continued From page 33 zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance	A 200			

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A 200	Continued From page 34 with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in . . . air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, 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; 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 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures	A 200		

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A 200	Continued From page 35 are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan	A 200		

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A 200	Continued From page 36 has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow its emergency power plan (EPP) by not having sufficient fuel and portable air-conditioning units onsite to ensure the alternate power source could maintain _____ temperatures at or below 81 degrees Fahrenheit for the 36 residents currently residing in the facility in the event of loss of power. The facility also failed to have a policy and procedure available onsite for employees to use to ensure they could implement the EPP if needed. The findings include: During an interview with the Administrator on _____ at 11:30 AM, she was asked where the facility's generators and fuel were located. Outside of the facility on the side of the kitchen, three portable generators were observed. Two of the generators' gas caps could be opened and gas was observed in the generators. The third generator's gas cap could not be opened. There were 5 small plastic gas containers observed in	A 200		

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A 200	Continued From page 37 the area. They were all empty. There were also four metal containers that were chained together. Photographic evidence obtained. The Administrator was asked if the metal containers contained fuel. She stated they did not have fuel and she was not able to use them for the last hurricane, so she used the plastic gas containers. The Administrator was asked to explain how she would use the generators to cool the building. She stated that they had a cord to hook in each generator and the end of each cord would be plugged into an electrical outlet to cool the building. She stated that certain rooms in the facility would cool with the central air, but she could not say which rooms. She stated during the last hurricane the facility lost power and that is how it worked. She was asked about portable air conditioners and she stated she did not have any and that they used the central air. The Administrator was asked how much fuel each generator held and how long they would run. She was not able to provide the information on how much fuel would be needed to cool the area in the facility for the residents for 72 hours. She was asked to provide written procedures on how to operate the generators and cool the facility. The Administrator was not able to answer the questions. She stated the maintenance director had left but she would try to find someone in the company to provide the information. She then made telephone contact with the Maintenance Director from two other facilities owned by the same company. The Maintenance Director stated that the facility used portable generators to cool and light the facility. He stated he would estimate that four portable air conditioners would be needed to cool the area	A 200		

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A 200	Continued From page 38 they'd use during a power outage. He stated a standard generator would use 7.5 gallons of gas an hour and for the three generators they would need about 156 gallons of fuel. He stated if the facility was to use the four metal cans, they would have enough fuel. Each of the three generators would run with a full tank for about 8 hours. He stated the fuel in the generators alone would not be enough to run two air conditions and lighting for 72 hours. During the interview, the Administrator was asked again about having portable air conditioners. She stated they had one and would need to obtain more. A review of the facility's EPP found no evidence of procedures on how to use the generators. It explained the facility was storing fuel for the generators in 4 portable wheeled metal caddies and that a permit was not needed for fuel under 550 gallons. Further review of the EPP found that the facility would be cooled with air conditioners and spot chillers. Class III	A 200		