

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968253</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/18/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {CZ841}<br>SS=F          | <p>408.823( ) FS In-person Visitation</p> <p>(1) This section applies to _____ centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part _____ of chapter 400, intermediate care facilities for the _____ licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429.</p> <p>(2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include _____ control and education policies for visitors; screening, personal protective equipment, and other _____ control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any _____ or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.</p> <p>(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and</p> | {CZ841}             |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b> |                                                                                                                          |                                                                    |
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| {CZ841}                                                                  | Continued From page 1<br><br>providers may not require an essential caregiver to provide such care.<br>(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:<br>1. End-of-life situations.<br>2. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.<br>3. The resident, client, or patient is making one or more major medical decisions.<br>4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .<br>5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.<br>6. A resident, client, or patient who used to talk and interact with others is seldom speaking.<br>7. For hospitals, childbirth, including labor and delivery.<br>8. . . . . patients.<br>(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.<br>(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.<br>(f) Within 24 hours after establishing the policies and procedures required under this section, | {CZ841}                                                                                      |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b>                             |  |                                                                    |
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| {CZ841}                                                                  | <p>Continued From page 2</p> <p>providers must make such policies and procedures easily accessible from the homepage of their websites.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on a review of facility records and interview with the Administrator, the facility failed to establish a visitation policy that included to a minimum, control and education for visitors, or the person responsible for ensuring staff adhere to the policy. This places all resident and visitors at risk of acquiring</p> <p>The finding include:</p> <p>Review of the facility's policy and procedure titled, "Visitation Policy" found it did not include what education would be provided to visitors to keep the residents and themselves free of</p> <p>The original policy had been updated to include an eleven (11) page Control policy. It covered safe handling of linens, handwashing, PPE use, biohazardous waste disposal, housekeeping, and dishwashing procedures. The document did not address what information would be used to educate visitors upon their arrival to the home. Furthermore, the policy failed to identify the person responsible for oversight to ensure staff adherence to the policy. Photographic evidence was obtained.</p> <p>An interview was conducted with the Administrator on at 3:00 pm. She was asked who was responsible for ensuring all staff adhere to the visitation policy. She said, "I assume it is me, or [the Assistant Administrator's]." She confirmed visitors were not going to be required to read the cumbersome control documents she had attached to</p> | {CZ841}                                                                        |                                                                                                                          |  |                                                                    |

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| {CZ841}                                                                  | Continued From page 3<br><br>the existing policy, and confirmed there was no<br>set education plan for visitors.<br><br>This was previously cited during the relicensure<br>inspection conducted by a representative of this<br>agency on<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | {CZ841}                                                                                      |                                                                                                                          |                                                                    |
| {A 000}                                                                  | Initial Comments<br><br>A revisit to the relicensure survey at Gentle Care<br>Assisted Living 3 was conducted on<br>Deficient practice was identified at the time of the<br>visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | {A 000}                                                                                      |                                                                                                                          |                                                                    |
| {A 081}<br>SS=D                                                          | 429.52(1 & 7) FS: 59A-36.011( ) FAC Training<br>- Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee<br>who has not previously completed core training<br>must attend a preservice orientation provided by<br>the facility before interacting with residents. The<br>preservice orientation must be at least 2 hours in<br>duration and cover topics that help the employee<br>provide responsible care and respond to the<br>needs of facility residents. Upon completion, the<br>employee and the administrator of the facility<br>must sign a statement that the employee<br>completed the required preservice orientation.<br>The facility must keep the signed statement in the<br>employee's personnel record.<br><br>(7) Facility staff shall participate in inservice<br>training relevant to their job duties as specified by<br>agency rule. Topics covered during the preservice<br>orientation are not required to be repeated during<br>inservice training. A single certificate of | {A 081}                                                                                      |                                                                                                                          |                                                                    |

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| {A 081}                                                                  | <p>Continued From page 4</p> <p>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.</p> <p>59A-36.011<br/>(2) STAFF PRESERVICE ORIENTATION.<br/>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br/>(b) New staff must complete the preservice orientation prior to interacting with residents.<br/>(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.<br/>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br/>1. Resident's rights; and,<br/>2. The facility's license type and services offered by the facility.<br/>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br/>(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</p> | {A 081}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 081}                                                                  | <p>Continued From page 5</p> <p>compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne requirement. may be used to meet this requirement.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident , neglect, and . The facility must use its prevention policies and procedures when offering this training.</li> </ol> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(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.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty</p> | {A 081}                                                                                      |                                                                                                                          |                                                                    |

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STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

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| {A 081}                  | <p>Continued From page 6</p> <p>(30) days of employment.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on a review of facility schedules, personnel record reviews and interview with staff, the facility failed to ensure 2 of 3 employees (Employee A and C) had completed the required 2-hour preservice orientation before interacting with residents.</p> <p>The findings include:</p> <p>A review of the facility schedule found Employee C, Caregiver, worked 6 days a week, Friday through Wednesday. This was confirmed in an interview with Employee C on _____ at 2:15 pm.</p> <p>A personnel file review for Employee C found he was hired _____. The file contained a 2-hour pre-service orientation dated _____; however it was provided by his previous employer and did not cover topics specific to the current facility or population.</p> <p>Personnel file review for Employee A, Caregiver, revealed a hire date of _____. Employee A had a certificate for completion of pre-service orientation dated _____; however, the certificate was only for 1 credit hour.</p> | {A 081}             |                                                                                                                          |                          |

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| {A 081}                  | Continued From page 7<br><br>An interview was conducted with the Administrator on _____ at 3:00 pm. She reviewed the documents and confirmed Employee C's training was not specific to the facility, and that Employee A's certificate was only 1 hour instead of 2.<br><br>This was previously cited during the relicensure inspection conducted by a representative of this Agency on _____.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | {A 081}             |                                                                                                                          |                          |
| A 160<br>SS=D            | 59A-36.015(1) FAC Records - Facility<br><br>59A-36.015 Records.<br>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.<br>(1) FACILITY RECORDS. Facility records must include:<br>(a) The facility's license displayed in a conspicuous and public place within the facility.<br>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:<br>1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and, | A 160               |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968253</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/18/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                          | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| A 160                                                                    | <p>Continued From page 8</p> <p>2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department</p> | A 160                                                                                        |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR</b><br><b>PALM COAST, FL 32164</b>                       |  |                                                                    |
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| A 160                                                                    | <p>Continued From page 9</p> <p>inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years.</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical _____;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on a review of personnel files and interviews with staff, the facility failed to maintain</p> | A 160                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968253</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/18/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 160                    | <p>Continued From page 10</p> <p>personnel files for 2 of 2 employees (the Assistant Administrator and Employee D).</p> <p>The findings include:</p> <p>A telephone interview was conducted with the Administrator on ... at 2:15 pm, prior to her arrival to the facility. She explained she was on her way. She named the facility employees as Employee C, Caregiver, Employee D, Caregiver, and the Assistant Administrator. Review of the facility schedule posted in the dining room confirmed this. The schedule reflected that Employee D worked all day on Wednesdays. Photographic evidence was obtained.</p> <p>When asked for their personnel files, the Administrator instructed Employee C as to where to find them. After searching multiple cabinets, binders and folders about the home, Employee C was unable to locate Employee D's or the Assistant Administrator's files. The Administrator stated she would call her Assistant Administrator to see where the records were.</p> <p>A telephone interview was conducted with the Assistant Administrator on ... at 2:47 pm. She confirmed her role and said she was on-call 24 hours a day. She came to this facility several times a week. She explained the missing personnel files were at the sister facility. She stated she would send the personnel records via e-mail.</p> <p>In an interview with the Administrator on ... at 3:00 pm, she acknowledged she must maintain personnel records on site for each staff that contained required documentation and evidence of compliance with all training requirements.</p> | A 160               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b> |                                                                                                                          |                                                                    |
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| A 160                                                                    | Continued From page 11<br><br>An e-mail was received from the Assistant Administrator on _____ at 4:21 pm; however nothing was sent for Employee D.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 160                                                                                        |                                                                                                                          |                                                                    |
| A 200<br>SS=F                                                            | 59A-36.025 FAC Emergency Environmental Control<br><br>59A-36.025 Emergency Environmental Control for Assisted Living Facilities.<br>(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:<br>(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.<br>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 | A 200                                                                                        |                                                                                                                          |                                                                    |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 200                    | Continued From page 12<br><br>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 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.<br><br>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.<br><br>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.<br><br>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. | A 200               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b>                             |  |                                                                    |
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| A 200                                                                    | <p>Continued From page 13</p> <p>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 necessary movement of residents must be clearly described in the emergency power plan.</p> <p>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.</p> <p>(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.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> <p>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</p> | A 200                                                                          |                                                                                                                          |  |                                                                    |

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| A 200                                                                    | <p>Continued From page 14</p> <p>portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.</p> <p>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.</p> <p>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted 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.</p> <p>(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.</p> <p>(d) The acquisition and maintenance of a monoxide alarm.</p> <p>(2) SUBMISSION OF THE PLAN.</p> <p>(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.</p> <p>(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.</p> <p>(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</p> | A 200                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b>                             |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| A 200                                                                    | <p>Continued From page 15</p> <p>submit it to the local emergency management agency for review and approval.</p> <p>(3) APPROVED PLANS.</p> <p>(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 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.</p> <p>(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.</p> <p>(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.</p> <p>(4) IMPLEMENTATION OF THE PLAN.</p> <p>(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.</p> <p>(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</p> | A 200                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968253</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/18/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 200                    | <p>Continued From page 16</p> <p>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, 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.</p> <p>(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.</p> <p>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.</p> <p>2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either:</p> <p>a. Fully and safely evacuate its residents prior to the arrival of the event; or</p> <p>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.</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR</b><br><b>PALM COAST, FL 32164</b>                       |  |                                                                    |
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| A 200                                                                    | <p>Continued From page 17</p> <p>(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.</p> <p>(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 with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.</p> <p>(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.</p> <p>(5) POLICIES AND PROCEDURES.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The use of cooling devices and equipment;</li> <li>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;</li> <li>3. Wellness checks by assisted living facility staff to monitor for signs of . . . . and heat injury; and</li> </ol> | A 200                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR<br/>PALM COAST, FL 32164</b>                             |  |                                                                    |
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| A 200                                                                    | Continued From page 18<br><br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(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 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.<br>(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.<br>(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.<br>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.<br>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.<br>(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. | A 200                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENTLE CARE ASSISTED LIVING 3</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>27 ROLLING SANDS DR</b><br><b>PALM COAST, FL 32164</b>                       |  |                                                                    |
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| A 200                                                                    | <p>Continued From page 19</p> <p>(8) NOTIFICATION.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval;</li> <li>2. Upon final implementation of the plan by the assisted living facility.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observations, facility record reviews and staff interviews, the facility failed to implement their own emergency environmental control plan (EECP) policy and procedure regarding the maintenance of fuel to power the portable generator in the event of power outage. This places residents at risk of overheating during a power outage.</p> <p>The findings include:</p> <p>The facility's EECP dated _____ was reviewed and said the Administrator would designate a person to set-up and refill the gasoline of the generator. "Ten containers of five</p> | A 200                                                                          |                                                                                                                          |  |                                                                    |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**GENTLE CARE ASSISTED LIVING 3**

**27 ROLLING SANDS DR  
PALM COAST, FL 32164**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 200                    | <p>Continued From page 20</p> <p>gallons gasoline" will be stored in the garage to meet the required 72 hour runtime as required. Photographic evidence was obtained.</p> <p>A tour of the facility on . . . . . at 2:25 pm found there was no garage available for storage. The former garage had been converted to a connected room which was dedicated for live-in caregivers.</p> <p>An interview with Employee C, Caregiver, on . . . . . at 2:40 pm, found he has been shown how to turn on, refuel and operate the emergency generator in event of emergency. Extra fuel was stored in the black trailer in the . . . . . yard. He went to look for the fuel containers, but returned to the facility without confirming the fuel was still on site. The Administrator asked him if the fuel was outside. Employee C replied it used to be, but was no longer there, and proposed the Assistant Administrator moved it. Observation conducted of the facility . . . . . yard at this time confirmed there was no fuel onsite.</p> <p>A telephone interview was conducted with the Assistant Administrator on . . . . . at 2:47 pm. She stated the five 5-gallon jugs of fuel for the generator were now stored in the sister facility's garage. The gardener relocated them since they were sitting outside in the elements.</p> <p>In an interview with the Administrator on . . . . . at 3:00 pm, she was asked where the fuel for the generator was. She said it was here at the facility. The Administrator looked in the trailer and the . . . . . yard and confirmed there was no fuel on site. When told they were relocated to the sister facility per the Assistant Administrator, she said she did not know that.</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | Continued From page 21<br><br>Class III                                                                                      | A 200               |                                                                                                                          |                          |