

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER RIVERTOWN SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17112 NW CHARLIE JOHNS ST BLOUNTSTOWN, FL 32424	

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

0000 - Initial Comments

An unannounced monitoring visit to conduct a generator assessment was conducted at Rivertown Senior Care, state license #12565, on , , 2018. At the time of the survey, deficient practice was identified.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based record review and interview, the facility failed to establish a Comprehensive Emergency Management Plan that addressed proper installation and use of a generator in the event of a loss of power.

Findings included:

On , , at approximately 11:00 AM, an interview was conducted with the facility administrator in which she stated that she had a generator onsite that would provide power to the entire facility in the event that there was a loss of power. She stated that this generator performed a weekly self-test to ensure it was functioning properly and was approved by the Florida Building Code Administrator. She also stated that the smoke detectors in the facility monitored for smoke as well as carbon monoxide as the generator used natural gas that was supplied by the City of Blountstown. When asked to provide documentation of the generator self-tests, she stated, "I do not know how to check that" and provided the surveyor with a copy of the owner's manual. When asked how she knew the generator was functioning properly, she stated, "you can hear it kick on." When asked to provide documentation of the approval from the Florida Building Code Administrator, she provided an undated e-mail that stated, "generator must be provided with a disconnect. The generator lacks the capacity to service the connect load, so the installation as is cannot be approved." She stated she would follow-up with the Building Code Administrator and provide documentation to the field office upon receipt of the final approval.

On , , at approximately 12:10 PM, an interview was conducted with the Blountstown Fire Chief who arrived on site to check for the presence of carbon monoxide detectors. During the interview he stated, "they do not have them but I highly recommend them." At that time, the Facility administrator stated she was not aware that the current smoke detectors did not monitor for both smoke and monoxide. She stated they used natural gas for their hot water tanks and it was also the fuel source for the generator.

On , , a review of the resident records was conducted. There was no documentation that the residents were notified in writing of the Comprehensive Emergency Management Plan for the facility.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/31/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968643	(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER RIVERTOWN SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17112 NW CHARLIE JOHNS ST BLOUNTSTOWN, FL 32424	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A follow-up interview was conducted with the facility administrator at approximately 1:00 PM. She stated, "I have not done that." Class III		