STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967123	**08/03/2018**
NAME OF PROVIDER OR SUPPLIER **REFFINE'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **523 FERN STREET** **JACKSONVILLE, FL 32206**	

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

0000 - Initial Comments

On [redacted] an Emergency Power Plan (EPP) monitoring was conducted at the Reffine's House (Lic #11189). During the survey deficient practice was found.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview, review of records and observation the facility failed to ensure actions were taken to ensure the safety of the residents during an electrical outage/emergency.

The findings include:

On [redacted], during a review of the resident and facility records, there was no evidence the facility notified each resident/resident representative in writing of implementation of the emergency power plan. There were no records to show the facility developed written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source, and any fuel required for the operation of the alternate power source.

Additionally, there was no evidence produced that the facility acquired services (or a process) necessary to maintain and test the alternate power source (generator).

On [redacted] at 12:30pm, an interview was conducted with the administrator. The administrator confirmed the above stated concerns were not completed.

CLASS III