STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968294	**08/03/2018**
NAME OF PROVIDER OR SUPPLIER **RIGHT TIME RIGHT PLACE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6140 CLEVELAND RD** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

On . . . . . an Emergency Power Plan (EPP) monitoring was conducted at Right Time Right Place. At the time of 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 develop policies ande procedures necessary to safely operate and maintain its emergency power source; failed to obtain a monoxide detector, and failed to provide written notification of implementation to its residents/representatives.

The findings include:

On . . . . . , during a tour of the facility, no appropriately functioning . . . . monoxide detectors were observed in the facility.

On , a review of the residents and facility records were conducted. There was no evidence the resident/resident representative was notified in writing of implementation of the emergency power plan.There was no evidence of policy /procedures related to the alternative power source. There was also no evidence of acquiring services to test/maintain the power source

On . . . . . at 10:00am, an interview was conducted with the administrator. The administrator confirmed the above stated concerns were not completed.

CLASS III