STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968956	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **HOME CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1906 BELHAVEN DR** **ORANGE PARK, FL 32065**	

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

0000 - Initial Comments

On an Emergency Power Plan monitoring survey was conducted at Home Care Assisted Living. 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 ensure actions were taken to ensure the safety of the residents during electrical outage.

The findings include:

1. On at 6:10 pm, during a tour of the facility, no appropriately functioning monoxide detectors were observed in the facility.

2. On , a review of the residents and facility records were conducted. There was no evidence each resident/resident representative was notified in writing of implementation of the emergency power plan.

3. On at 6:20pm an interview was conducted with the Administrator. The Administrator stated that she was not aware a monoxide detector was required. She acknowledge she needed to notify residents representatives of the plan's implementation.

CLASS III