STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968046	**09/06/2018**
NAME OF PROVIDER OR SUPPLIER **MYRTICE ANGELS SENIOR HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 VERNON ST** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

An Emergency Power Plan (EPP) monitoring visit was started on and ended on at Myrtice Angels Senior Home Care. At the time of the visits deficient practice was found.

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

The findings include:

During a review of the residents and facility records on and , there was no evidence the facility notified each resident/resident representative in writing of implementation of the emergency power plan. Additionally, an observation on at 4:49 pm showed the facility did not have any onsite fuel required for the operation of the alternate power source.

On at 5:11 PM, an interview was conducted with the administrator. She confirmed the above stated concerns were not completed.

CLASS III