| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967419** | **09/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**NUESTRA CASA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1906 NORTH A ST**<br>**LAKE WORTH, FL 33460** | |

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

**0000 - Initial Comments**

An unannounced abbreviated Relicensure survey was conducted on . . . . . at Nuestra Casa, License #11471. The facility had a deficiency identified at the time of the survey.

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on observation, record review and interview, the facility failed to ensure that they had acquired an operating . . . . monoxide alarm and developed policies and procedures to effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source.

The findings included:

During an observation tour conducted on . . . . . at 2:00 PM with the Owner of the facility, a . . . . monoxide alarm was not observed. In an interview conducted on at 2:00 PM with the Owner of the facility, he confirmed that the facility did not currently have an operating . . . . monoxide alarm.

In an interview conducted on . . . . . at 2:45 PM with the Administrator and the Co-Owner of the facility, the written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source was requested for review. They confirmed that they were unaware of the requirement and did not have the policy and procedures for review. Further record review revealed the facility's EPP (Emergency Power Plan) was approved on . Although the plan was approved, the facility acknowledged that all requirements had not been met, as required.

Class III