

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/05/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969058</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>09/10/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENITY ISLES ALF INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3980 NW 47 TERR<br/>LAUDERDALE LAKES, FL 33319</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced Generator Monitoring survey was conducted on ... at Serenity Isles ALF Inc., license number 12897. The facility had a deficiency identified at the time of the survey.</p> <p>This survey was conducted in conjunction with the relicensure revisit survey on the same date. See separate report for findings.</p> <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observations, interviews and record reviews, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Implement it's Emergency Environmental Control Plan (EECP) by it's implementation extension date.</li> <li>2. Have an alternative power source onsite or contract in place for delivery of an APS and fuel on request.</li> <li>3. Have a monoxide alarm installed at the facility.</li> </ol> <p>This had the potential to affect all current residents of the assisted living facility (ALF).</p> <p>The findings included:</p> <p>A generator monitoring survey was conducted on ... beginning at 11:05 AM with the Administrator present. At 11:07 AM, review of agency records regarding the the ALF's EECP revealed an implementation date of ... The Administrator provided the following information. The EECP had not been implemented yet. They were having a fixed generator installed, their current electrician had possession of the generator pending approval by the county Fire Marshall. At this time, the ALF's alternative power supply was a portable gas generator located two houses down the street. At 11:36 AM, the Administrator's spouse brought the unit to the ALF. Upon observation of the 4,500-watt generator, it was revealed there was no adapter available for the generator to power the ALF's central air conditioner. They presented seven empty gas cans totaling 10.25 gallons. (Photographic evidence obtained.)</p> <p>The Administrator was asked and stated they did not have fans available for use. Further, they did not have a monoxide alarm available or installed; the Administrator stated they would purchase and install a unit at the time the fixed generator was installed.</p> <p>Class III</p> |                                                                                                |                                                     |