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| STATEMENT OF DEFICIENCIES                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966721</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>08/29/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>STILLWATER ALF CORP</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2881 QUENTIN AVENUE SE<br/>PALM BAY, FL 32909</b> |                                                     |

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

**0000 - Initial Comments**

A generator monitoring visit was conducted on . . . . . Stillwater ALF Corp Assisted Living Facility, License #10861 had a deficiency at the time of the visit.

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

Based on observations and interview, the facility had no evidence to confirm that their emergency power plan was submitted for review and approval, did not develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source and any fuel required for the operation of the alternate power source, did not timely request an extension for the implementation of the plan , did not have monoxide alarms and did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the plan to the local emergency management agency that the plan had been submitted for review and approval .

Findings:

On . . . . . at 11 AM, the administrator said he had submitted his emergency power plan to the local emergency management agency for approval and review and he had not received any correspondence from them. The administrator was asked to provide written policies and procedures that ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source and any fuel required for the operation of the alternate power source and written documentation that each resident and the resident's legal representative was notified of the submission of the emergency power plan for review and approval to the local emergency management agency.

The administrator said he was not aware he was require to notify the residents or their representative that the emergency power plan had been submitted. The administrator provided information regarding a generator as his emergency power plan, the information did not include any policies and procedure for the facility.

The administrator said on . . . . . at 12 PM, he did not have any other emergency power plan written policies and procedures available for review, he further stated he had just requested an extension from the agency for the implementation of the plan.

Observations on . . . . . at 12:15 PM revealed there were no . . . . . monoxide alarms in the facility. The administrator said at the time he thought the alarms in the ceiling were . . . . . monoxide alarms, the

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/12/2018  
FORM APPROVED

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                           |                                                                                               |                                                     |
| <p>alarms resembled the ones used smoke detectors, he had no evidence to present that they were . . . .<br/>monoxide alarms.</p> <p>Class III</p> |                                                                                               |                                                     |