STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR TERRACE ORTEGA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5760 TIMUQUANA RD** **JACKSONVILLE, FL 32210**	

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

0000 - Initial Comments

An unannounced Emergency Power Plan monitoring visit was conducted on at Arbor Terrace Ortega, License #12414. Deficiencies were identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility failed to obtain a monoxide alarm to ensure the safety of the residents while activating an alternate power source. The facility also failed to provide written notification within five business days to residents and/or representative upon final implementation of the plan.

The findings include:

A facility tour was conducted on 11/ at 12:28 PM. Observations of the facility revealed that the facility did not have any monoxide alarms onsite.

On at 12:30 PM, an interview was conducted with the Administrator who explained that since the facility uses diesel fuel, she did not think they needed to obtain the monoxide detector.

At 12:35 PM on , she was asked about the written notifications given to residents and their representatives, educating them the facility had implemented their emergency plan. She stated she did not know she needed to send out the written notification following final implementation of the plan.

Class III