STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969203	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **GOCIO HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3781 GOCIO RD** **SARASOTA, FL 34235**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on at Gocio Home, an assisted living facility (license #13049) in Sarasota Florida.

The following is a description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and staff interview, the facility failed to ensure compliance with the Emergency Environmental Control Plan for assisted living facilities.

The findings included:

On at approximately 12:15 p.m., observation revealed no evidence of a monoxide detector in the facility. This was confirmed at the time of the observation by Certified Nursing Aide Staff A.

On at approximately 1:30 p.m. in an interview, the facility manager confirmed there was no monoxide detector in the facility and said, one will "Be installed next week."

Class III