STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953579	R 01/07/2019
NAME OF PROVIDER OR SUPPLIER **SMILES & LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1065 GARDEN ROAD** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A revisit to complaint investigation #2018011882 was conducted on . . . . Smiles and Loving Care ALF (LIC#8648) had deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and review the facility failed to submit its emergency environmental control plan to a local emergency management agency for review within 30 days of the effective date of the rule, failed to acquire services or have a process necessary to maintain and test the alternate power source, failed to develop written policies and procedures for its plan, failed to notify in writing each resident and the residents legal representative upon submission of its emergency environmental control plan to the local emergency management agency.

Findings:

1. A review of the Florida Health Finder on . . . . revealed no indication the facility had an approved plan.

2. An interview on at 12:30 pm with the Administrator, she confirmed she submitted the plan to the local emergency management agency on . . . . but has not yet received an approval letter.

3. A request was made to review the facility's policies and procedures that addressed how the facility would ensure it could effectively and immediately activate, operate and maintain its alternate power source and any fuel required for the operation of the alternate power source and how it would address the care of residents occupying the facility during a declared state of emergency, specifically a description of the methods to be used to mitigate the potential for heat related injury. The request was made to review the required written notification provided to each resident and the resident's legal representative within 5 business days of the facility submitting its plan for review and approval.

4. On . . . . at 1:00pm the administrator stated she did not have the developed policies and procedures, did not develop a process or obtain services for testing the generator and did not provide written notification to the residents and legal representatives.

Class III