STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	R **01/29/2019**
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . K &S Tender Care license # 12956 had a deficiency found at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on facility record review and interview, the facility did not have fuel for the alternate power source and did not have . . . . monoxide alarms and did not notify residents /responsible parties when the Emergency Power Plan (EPP) was approved.

Findings:

During review of the facility's EPP review on , the administrator said at 1 PM that the facility had no fuel on site as the installation for the generator was not completed. The facility had not purchased and installed monoxide alarms and she had not notified the residents /responsible parties that EPP was approved.

Class III