STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	**02/25/2019**
NAME OF PROVIDER OR SUPPLIER **FRUITVILLE HOLDINGS - OPPIDAN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4024 FRUITVILLE ROAD SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced limited nursing services and emergency power plan monitoring survey was conducted on at Fruitville Holdings - Oppidan, Inc., an assisted living facility (license #9876) in Sarasota, Florida.

The following is description of the deficiency.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, and staff interview, the facility failed to ensure an alternate power source such as a generator was readily available at the facility to ensure the facility air temperature will be maintained at or below 81 degrees Fahrenheit for a minimum of 96 hours in the event of the loss of primary electrical power. In addition, the facility failed to obtain an approved Emergency Environmental Control Plan from the local emergency management agency and failed to provide evidence of written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. This has the potential to lead to serious health complications.

The findings included:

On at 1:20 p.m., the Administrator said there was no current approved Emergency Power Plan and there was no generator or fuel on site. The Administrator said there was a generator at another site that can be moved when needed. The Administrator said since there was no generator they had no written policies and procedures to effectively and immediately activate, operate and maintain the alternate power source and any fuel required. The Administrator also said the emergency plan had been discussed with residents however no written documentation that they had been notified of the submission and/or implementation of the plan.

On at 1:39 p.m., in a telephone call with the Director of the facilities, he stated the current plan in an event of loss of power would be to take the residents out of the building on an outing. The Director said the generator could be moved to the facility within 4 hours and the fuel would arrive with it. The Director said there were no written policies and procedures for the generator, they would just have to plug it in on the side of the building. The Director said he had sent in for an extension in , but had heard nothing at that time.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965540	**02/25/2019**
NAME OF PROVIDER OR SUPPLIER **FRUITVILLE HOLDINGS - OPPIDAN, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4024 FRUITVILLE ROAD** **SARASOTA, FL 34232**	

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