STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966425	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS AT PELICAN POINTE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9000 IBIS WAY** **VENICE, FL 34292**	

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 The Inn at Aston Gardens at Pelican Pointe, an assisted living facility in Venice Florida.

The following is a description of the deficiency:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation and staff interview, the facility failed to ensure compliance with the Emergency Environmental Control Plan (EPP) for assisted living facilities. This has the potential to lead to serious consequences in the event of an emergency.

The findings included:

On at approximately 12:00 p.m., in an interview the Director of Facility Operations (DFO) said the new, fixed generator described in the facility EPP is on site but not fully operational. He said the alternate power source at present is 9 portable generators that would power 7 portable air conditioning units. He felt that should cool the hallways and common areas to 81 degrees or below. He added he has about 50 gallons of fuel on but would need 100 gallons to operate the 9 generators for 96 hours as required. In addition, he said the facility does not have monoxide detectors but one will be installed when the new generator is operational.

On at 1:14 p.m., observation revealed the presence of 9 generators but only 5 gallons of fuel. This was confirmed at the time of the observation by the DFO and he said one of his staff was out getting more fuel.

On record review revealed no evidence of a plan for making arrangements that provides residents with an area or areas to congregate that meets the safe indoor requirement of 81 degrees or below when utilizing the present alternate power source, which is the 9 generators. There was also no documented evidence of policies and procedures that address the care of residents occupying the facility during a declared state of emergency when utilizing the present alternate power source.

On at approximately 1:45 p.m., the Assisted Living Director acknowledged the facility should have had the required amount of fuel on to power the 9 generators for 96 hours and said a monoxide detector will be installed. She confirmed there was no plan in place for making arrangements to provide residents with an area or areas to congregate that meets the safe indoor temperature of 81

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966425	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS AT PELICAN POINTE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9000 IBIS WAY** **VENICE, FL 34292**	

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

degrees or below, or policies and procedures in place that address the care of residents occupying the facility during a declared state of emergency when utilizing the present alternate power source.

Class III

3