STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	R 04/30/2019
NAME OF PROVIDER OR SUPPLIER **OUR HOME AT BEACON HILL**	STREET ADDRESS, CITY, STATE, ZIP CODE **141 KAELYN LANE** **PORT SAINT JOE, FL 32456**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted at Our Home at Beacon Hill on . This was a follow-up to the biennial licensure survey conducted on . Deficient practice was identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, staff interview and review of the facility's emergency environmental control plan, the facility failed to ensure 72 hours of fuel was stored onsite, obtain portable air conditioning units, and acquire and maintain a monoxide alarm as stated in their emergency plan. This failure had the potential to affect all 24 residents currently residing in the facility in the event of an emergency with loss of power.

The findings include:

An observation of a storage shed on the facility premises was conducted with the Administrator on at 10:17 AM. Two portable (12000 watt) generators were observed in the storage shed. No fuel for the generators was stored in the shed.

A tour of the facility was conducted on at approximately 10:30 AM and no monoxide detectors were found.

An interview was conducted with the Administrator on at approximately 10:37 AM. The Administrator stated they had no fuel stored onsite and she had no safe place to store fuel at that time. The Administrator stated the facility did not have the portable air conditioning units onsite and she had to pick them up at another location. She stated the facility had purchased monoxide detectors but had not installed them. She confirmed they planned to use portable air conditioning units to cool the dining room and hallway in an emergency.

Review of the facility's emergency environmental control plan, approved by the county on , revealed the facility would obtain two 12000 watt portable generators capable of powering air conditioning and refrigeration, have 72 hours of gasoline fuel onsite stored in a certified fuel container locked in a shed 50 away from the building and air conditioners would be used to cool the facility dining room and hallway within 30 days of approval of the plan.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966504	R **04/30/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)