STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	**05/10/2019**
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

0000 - Initial Comments

An Emergency Power Plan monitoring was conducted at Pine Crest Manor ALF on . . . . . Deficient practice was identified at the time of the survey.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview, the facility failed to maintain evidence it had submitted its Emergency Environmental Control Plan (EECP) to the county for review and approval. This has the potential to affect all residents of the facility.

The findings include:

An observation was made on at 11:20 AM of a fuel tank and generators for the facility.

Employee A produced a binder on that contained the facility's Comprehensive Emergency Management Plan, including manufacturer guidelines of the generator, contracts for the provision of fuel, and the Consumer Friendly Summary which outlined the details of the EECP.

She was asked to produce the county's approval letter of the EECP at 11:35 AM on . Upon review she could not find any documentation from the county that confirmed the plan was reviewed and/or approved by the Emergency Management Division.

The Administrator was called at 11:33 AM on and confirmed she has had correspondence with the county but if it is not in the information Employee A was reviewing, it was not at the facility, and could be stored off site.

Employee A confirmed at 11:39 AM on that the correspondences from the county were not available onsite.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to obtain a county approved Comprehensive Emergency Management Plan (CEMP), which has the potential to affect all residents of the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	**05/10/2019**
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

The findings include:

During a record review on , Employee A was asked at 11:30 AM to produce evidence the county's Emergency Management Division had approved its CEMP at 11:30 AM. The CEMP was located and had a stamp showing it had been submitted the the county for approval on , but there was no evidence the county approved it.

When Employee A was unable to locate the approval letter, she called the Administrator at 11:33 AM on . The Administrator confirmed that she did not yet have an approved CEMP. She was asked when she submitted it and what revisions needed to be made but she was unable to provide the dates at the time of the interview.

Photographic Evidence Obtained

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility failed to maintain policies and procedures onsite related to resident care during power loss, and failed to provide written notification to 2 of 2 sampled residents (Residents #1 and #2) following the submission of its emergency environmental control plan (EECP) to the local county authority.

The findings include:

1. During an interview at 11:30 AM on with Employee A, she was asked to produce the facility's policy and procedure for staff to use in the event of power loss. She produced the facility's binder that contained the EECP and began looking through it. Employee A was unable to locate a written policy and procedure to follow during power loss, and explained her training was verbal and did not reference a specific policy and procedure.

2. During a review of the record for Resident #1 and Resident #2, there was no evidence the facility provided written notification it submitted their EECP to the county Emergency Management Division for approval, or that it had implemented the EECP.

An interview was conducted with Employee A at 12:12 PM on , she confirmed the missing information.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911947	**05/10/2019**
NAME OF PROVIDER OR SUPPLIER **PINE CREST MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2835 CR 220** **MIDDLEBURG, FL 32068**	

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

Class III