STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965694	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **NEWPORT HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 CLEVELAND STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A Generator Assessment Monitoring survey was conducted on at Newport Home Care, Inc. The facility had a deficiency identified at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, interviews and record review, it was determined that the facility failed to be in compliance with all of the regulatory requirements regarding the Emergency Environment Control Plan (EECP).

The findings included:

During an observational tour in regards to the Emergency Preparedness Plan, with the facility Administrator, it was revealed that no monoxide detectors were installed inside of the facility and the required amount of fuel was not onsite.

Record review revealed the facility had an approved Environmental Control Plan (EECP) valid until , . Further Record Review revealed no policies and procedures to ensure that the facility could effectively and immediately activate their alternative power source to ensure the safety and well-being of the residents upon loss of primary electrical power. The facility also failed to provide written notification within five business days to residents and/or representative upon emergency power plan submission for review and upon final implementation of the plan.

An interview conducted with the Administrator on /019 at 2:10 PM revealed the required amount of fuel was not stored onsite because she was concerned about the safety of her residents and storing that amount of fuel onsite could pose a safety hazard. The Administrator was unsure of the local code ordinance requirement for ALF fuel requirements at the time of the monitoring survey.

Class III