STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
		R-C
	AL11968987	**05/20/2019**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ASTORIA ASSISTED LIVING FACILITY	**319 ELDRIDGE AVE**	
	ORANGE PARK, FL 32073	

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

0000 - Initial Comments

A revisit to a complaint survey and an Emergency Power Plan monitoring visit was conducted at Astoria Assisted Living Facility on . . . . . Deficiencies were found at the time of the survey.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations, interview and record review the facility failed to develop written policies and procedures to ensure staff could effectively and immediately activate their alternative power source and ensure the safety and wellbeing 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. This has the potential to affect all residents in the event of an emergency.

The findings include:

On at 10:03 AM, during a tour of the facility with the facility Administrator a generator was observed onsite.

A record review of the facility's emergency plan documentation did not contain a policy and procedure related to their emergency environment control plan nor did it show an approval letter from the county's Emergency Management division.

On at 10:45 AM, an interview was conducted with the Administrator who stated the plan was approved, but no documentation was presented for verification. He also stated that he covered the plan implementation with the residents in Resident Council Meetings, however did not send notification to the resident's representatives.

Photographic Evidence Obtained

Class III