| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910431** | **06/14/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**TANGERINE COVE OF BROOKSVILLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**307 HOWELL AVENUE**<br>**BROOKSVILLE, FL 34601** | |

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

**0000 - Initial Comments**

An unannounced Emergency Power Plan monitoring survey was conducted at Tangerine Cove of Brooksville Assisted Living Facility on , . Deficiencies were identified at the time of the survey.

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview, the facility failed to ensure the equipment maintained in good working order.

Findings:

On at 10:30 AM, the gas gauge on the generator diesel fuel tank was observed with an "Empty" reading (photographic evidence obtained). The Maintenance Director was observed inserting a hose in the tank to check the fuel amount that showed a full tank.

On at 10:30 AM, during an interview, the Maintenance Director confirmed the gauge was not working, but stated the tank was full.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on observation, interview, and record review, the facility failed to implement the Detailed Emergency Environmental Control Plan and acquire and maintain monoxide alarm in the facility.

Findings:

Record review of the facility's emergency plan revealed the plan did not contain the necessary information to implement the emergency plan. The facility did not acquire services or have a process in place necessary to maintain and test the alternate power source and had not developed written policies and procedures to operate and maintain the alternate power source.

On at 10:00 AM, during an interview, the Administrator confirmed that the facility had not implemented the plan and had no policies and procedures to operate and maintain the alternate power source.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910431** | **06/14/2019** |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On [redacted] at 10:00 AM, during an observation, no [redacted] monoxide detectors were noted in the facility.

On [redacted] at 10:06 AM, during an interview, the Regional Maintenance Director stated they had not implemented the emergency plan and had not acquired services to maintain and test the generator.

On [redacted] at 10:30 AM, during an interview, the Maintenance Director confirmed that they did not have any [redacted] detectors in the building.

Class III