STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966278	**09/04/2018**
NAME OF PROVIDER OR SUPPLIER **OUR LADY OF LOURDES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14491 SW 153 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint Survey (#2018013278) was conducted on [redacted] and concluded on [redacted]. Our Lady Of Lourdes ALF, Inc with a Limited Mental Health Component, License #10517 had the following deficiencies found at the time of the survey:

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to obtain the required fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain [redacted] temperatures at or below 81 degrees for residents

Findings include:

On [redacted] at 12:00 pm, an environmental safety tour was conducted with the facility Owner. A portable generator was observed.

On [redacted] at 12:00 pm the Owner stated that they were aware of the requirement but decided they would obtain the required amount of fuel once a hurricane watch is issued.

Class III