STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964084	**10/02/2018**
NAME OF PROVIDER OR SUPPLIER **WHITE HOUSE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1822 NEBRASKA AVENUE PALM HARBOR, FL 34683**	

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

0000 - Initial Comments

Assisted Living Facility

On . . . . . , 2018, an abbreviated biennial re-licensure survey was conducted at White House #2. Deficient practice was identified during the survey.

(License #8797)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record interview and interview, the facility failed to provide proof of a written statement from a health care provider, within 30 days of employment, documenting that an employee did not have signs or symptoms of a communicable (Communicable Statement) for one (Staff B) of three employee records sampled.

Findings included:

A review of employee records conducted on . . showed that Staff B was hired on . . . A review of Staff B's record showed the absence of a Communicable Statement .

The Administrator was interviewed at 5:21 PM on concerning the lack of a Communicable . . . . . Statement in Staff B's record. The Administrator acknowledged that the two documents were missing and stated that they were unable to obtain the documents from Staff B's health care provider.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility failed to implement their emergency environmental control plan (EECP) or obtain an extension for its implementation.

Findings included:

An interview was conducted with the Administrator on at 9:45 AM concerning the facility's EECP. The Administrator stated that they have not yet implemented the facility's EECP nor did they receive an extension. The Administrator stated that they did not have an alternate power source or fuel required

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onsite.

When asked if they had developed written policies and procedures to ensure that the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power, the Administrator stated that they had not. The Administrator also stated that the facility did not have a functioning . . . . monoxide detector.

Class III