STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964084	R **11/21/2018**
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

A revisit to abbreviated biennial re-licensure survey was conducted at White House #2 on . White House #2 had a deficiency at the time of the visit.

(License #8797)

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

Findings included:

The Administrator was interviewed on 11/21/18 beginning at 10:00 AM concerning the facility's EECP. The Administrator stated that they had not yet implemented the facility's EECP or received an extension to implement the EECP.
Upon request of the facility's policy and procedures, the Administrator also stated that they had not 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 its operation.

A tour of the facility throughout the survey beginning at 10:00 AM revealed no emergency power source.

Class III